

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

493-2091001-213
PLACE OF BIRTH

County of Ada

City of Boise

No. End of St.

Warm Springs Ave

(If born in hospital or institution give name.)

Registration District No. 8 State File No. 224099

Prim. Registration District No. 2004 Local Registrar's No. Wilson

FULL NAME OF CHILD Theresa Margaret Wilson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>2</u>	Twins or other? <u>2</u> (To be answered only in event of plural births)	and	Number in order of birth <u>2</u>	Legitimate? <u>4</u>	Date of birth <u>Mar. 9, 1889</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 2

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME <u>Robt. B. Wilson</u>	FULL NAME <u>Louisa Bacon</u>
Residence <u>End of Warm Springs Ave</u>	Residence <u>Same</u>
(Usual place of abode)	(Usual place of abode)
If non-resident, give place and State <u>W. Pa.</u>	If non-resident, give place and State <u>Mo.</u>
Color or race <u>W.</u> Age at last birthday <u>42</u> (Years)	Color or race <u>W.</u> Age at last birthday <u>22</u> (Years)
Birthplace <u>Pa.</u> (City and State or County)	Birthplace <u>Mo.</u> (City and State or County)
Occupation <u>Stonecutter & farmer</u>	Occupation <u>H. W.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at M.
on the date above stated. {Stillborn}

(Signature) Louisa B. Wilson
mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Box 606
Filed 8-21 1934 W. H. Rhodes
Registrar.

Certified copy issued 1-9-1941. D.P

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1935 RELEASED

County of Idaho Territory
City of Blackfoot Idaho

No. 399-226025-318 St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Laura Criswell

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sunday Sept 26 1899</u> (Month, Day, Year)
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9. Full name <u>William Allen Criswell</u>	FATHER	18. Full maiden name <u>Elizabeth Jane Taylor</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot Idaho</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>24</u> (years)
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13. Birthplace (city or place) (State or Country) <u>near Altonna Tenn</u> <u>Wapello Co.</u>	22. Birthplace (city or place) (State or Country) <u>Landon England</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brighter</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
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16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or Mrs. Elizabeth Criswell, (Mother) Midwife

Address Colonial Apt-8, Nampa Ida

Filed Aug, 1938

Registrar.

MAR 22 1966

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

265 729-001 313
1. PLACE OF BIRTH
County of ADA.
City of BOISE, IDA.
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **237552**

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD **ANDREW KENNETH KOEMER**

3. Sex **MALE** If plural births { 4. Twin, triplet, or other **TWIN** 6. Premature ☒ 7. Legitimate? **YES** 8. Date of birth **FEB-29-1886** (MONTH, DAY, YEAR)

9. Full name **ANDREW KENNETH KOEMER** FATHER 18. Full maiden name **ALICE CALHOUN** MOTHER

10. Residence (usual place of abode) **BOISE-IDAHO** 19. Residence (usual place of abode) **BOISE-IDAHO**
(If non-resident, give place and State)

11. Color or race **W** 12. Age at last birthday **38** (years) 20. Color or race **W** 21. Age at last birthday **39** (years)

13. Birthplace (city or place) **CHICAGO-ILL.** 22. Birthplace (city or place) **LEXINGTON-K.Y.**
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, **FARM WORKER** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **HOUSEWIFE**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work **DEC-1879** 17. Total time (years) spent in this work **LIFE** 25. Date (month and year) last engaged in this work **MARCH-1886** 26. Total time (years) spent in this work **LIFE**

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **1** (b) Born alive but now dead **1** (c) Stillborn _____

28. If stillborn, _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was an attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____ (DATE OF)

Before me this **30th** day of _____ 1935

Registrar. _____ Address _____ Filed _____ 11-2, 1935 Registrar. _____

Mrs. Elizabeth Becker was Midwife attending my mother at that time, she later went to Chicago where she died several years later. This information given in print that was given to me as a child

Andrew Kenneth Koerner

State of New Jersey } ss.
County of Essex }

Herbert C Schmutz of full age being duly sworn according to law depose and say that:

1. I am 41 years of age.
2. I have known Andrew Kenneth Koerner for the past 20 years having known him both socially and in business for that time.

Sworn to & subscribed
before me this 22nd day
of November, 1935

Charles A. Richard
Master in Chancery of
New Jersey.

Herbert C. Schmutz

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

243-215-220-249
1. PLACE OF BIRTH
County of Elmore
City of Atlanta
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

256482
257521
257521

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Cora Elida Butler

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- _____	8. Date of birth <u>Sept 15</u> , 19 <u>37</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term. _____	mate? _____	

9. Full name FATHER
George Edmund Butler
10. Residence (usual place of abode)
(If non-resident, give place and State) Atlanta
11. Color or race W | 12. Age at last birthday 28 (years)

18. Full maiden name MOTHER
Elida Corintha Smith
19. Residence (usual place of abode)
(If non-resident, give place and State) _____
20. Color or race _____ | 21. Age at last birthday 28 (years)

13. Birthplace (city or place)
(State or Country) Illinois
OCCUPATION {
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

22. Birthplace (city or place)
(State or Country) Alba Missouri
OCCUPATION {
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Effie Gray Cousin
or _____
Address 1601 Denver St. Boise Idaho
Filed 8-37 1937 day of Aug
Pearl Dillingham Registrar.

FEB 5 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A249 224-001698

279594

1. PLACE OF BIRTH
County of _____
City of Boise
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279594

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD MINNIE HATTIE SMITH

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept. 24</u> , <u>1880</u> (Month, Day, Year)
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9. Full name <u>FATHER</u> <u>George William Smith</u>	18. Full maiden name <u>MOTHER</u> <u>Elle Frye Smith</u>
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Peoria, Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Ottawa, Illinois</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>All time</u> , 19____		25. Date (month and year) last engaged in this work <u>All time</u> , 19____
	17. Total time (years) spent in this work <u>All time</u>		26. Total time (years) spent in this work <u>All time</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor or Before labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P.m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) X Ella Smith, M.D.
or _____, Uncle, Midwife

Address Boise, Idaho

Filed May, 1939

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho }
County of Ada } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ira F. Smith being first duly sworn says that
is the uncle of Minnie Hattie Smith
(Relationship of child)*
born September 24, 1880 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Minnie Hattie Smith

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Samuel Iregon M.D. was the
medical attendant at the birth of said Minnie Hattie Smith Midwife
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)

Name of Affiant X Ira Smith

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 25 day of May, 1939

W. W. Powell
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B.-In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1919 114 035 643

1. PLACE OF BIRTH
County of Blaine
City of Leamington
No. 3 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279627

JUN 5 1939

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lewis L. Baird

3. Sex Male (If plural births) 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? X 8. Date of birth Jan. 14, 1939 (Month, Day, Year)

9. Full name of FATHER Eugene Baird
10. Residence (usual place of abode) (If non-resident, give place and State) Leamington
11. Color or race W 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Massachusetts

18. Full maiden name of MOTHER Mary Alice O. O'Brien
19. Residence (usual place of abode) (If non-resident, give place and State) Leamington
20. Color or race W 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or country) Arizona

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Mrs. Clara Baird, M. D.

Give name added from a supplemental report Mary L. Baird (Date of) Jan 14 1939 Address 827 Second St. Clarkston, Wash.

Registrar. JUN 5 1939 Registrar.

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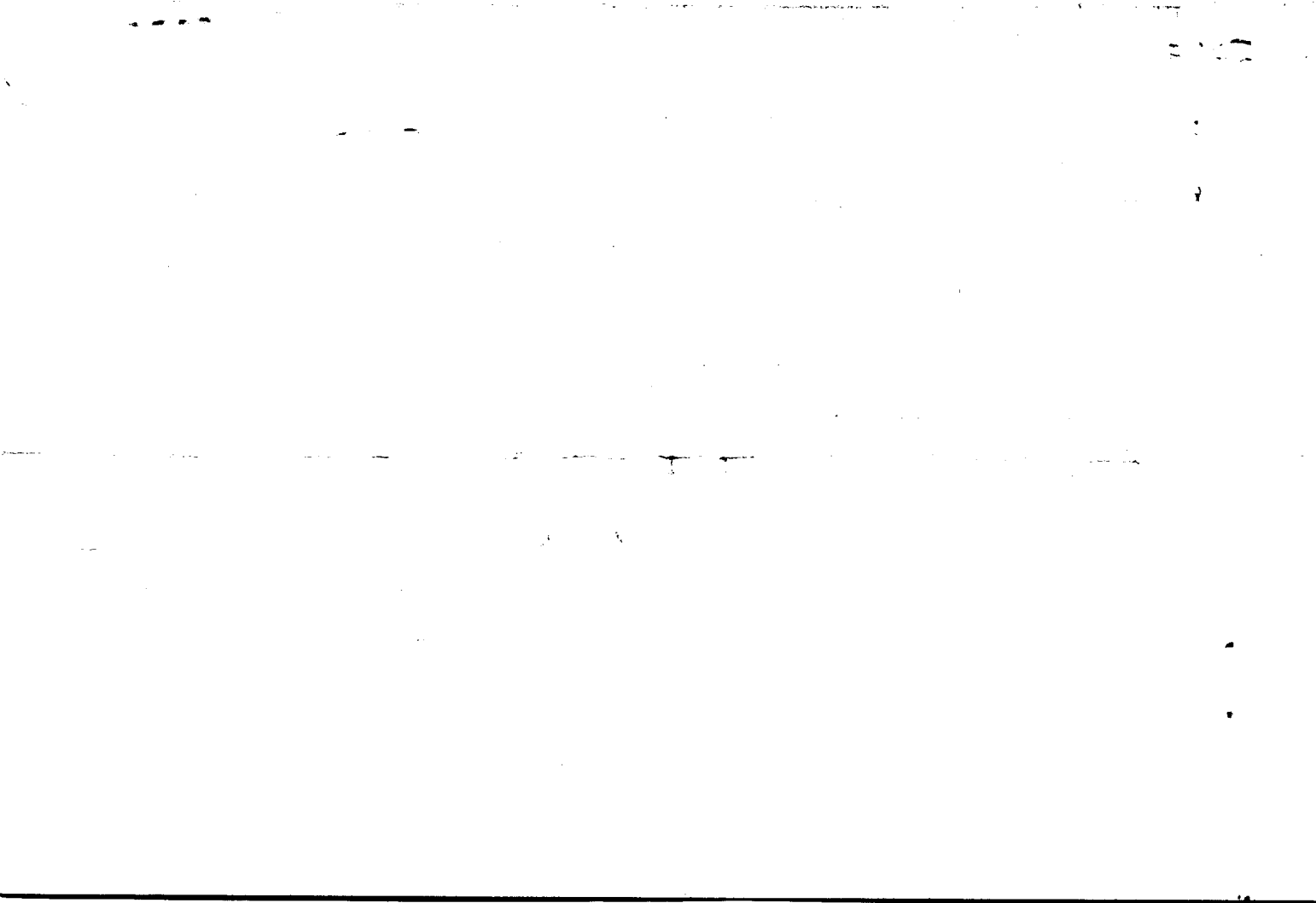
A F F I D A V I T T

Mary A. Baird., being duly sworn upon oath, JUN 5 1939
deposes and says, that she is the Mother. of
Lewis L. Baird.; that he was born at
Lewiston. in Nez Perce. County, Idaho,
January 14 - 1880.

Witness her name.

Julia Odle, George H. Odle ^{704-10 St Clarkston Washy.} Mary L. Baird (X) Her name
Subscribed and sworn to before me this 25 day of April 1939.

Philip Neisenger.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise
City of Idaho City
No. 691-225008-364 St.

RECEIVED
JUN 29 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 280716
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ada Amy Frampton

3. Sex Female If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? Yes 8. Date of birth Jan. 25 1880
(Month, Day, Year)

9. Full name FATHER George Frampton

18. Full maiden name MOTHER Sarah Ann Todd

10. Residence (usual place of abode) Idaho City, Ida.
(If non-resident, give place and State)

19. Residence (usual place of abode) Idaho City, Ida.
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 45 (years)

20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) England
(State or Country)

22. Birthplace (city or place) Pennsylvania
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (a) _____ of this birth and including this child
(b) Born alive and now living _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth { Before labor _____ During labor _____

SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Taken from Newspaper
Give name added from Announcement Jan. 30, 1880
a supplemental report Idaho City, I.T.
(Date of)

(Signed) Ada Amy Frampton Caldwell
Nowvalet, Calif.

Address 6/29/39, 193____
Filed Mae G. Steward
State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. one child at birth a Separate Return must be made for each, and the number of each, in

114-106-001-212

PLACE OF BIRTH

County of Ada
City of Boise, Idaho
No. 212 State St.

RECEIVED
OCT 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

284210
284210

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Fred Leon James

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sept. 6</u> , 19 <u>39</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

FATHER		MOTHER	
9. Full name <u>Fred David James</u>	18. Full maiden name <u>Rose Eleanor Basil James</u>	10. Residence (usual place of abode) <u>Boise</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Boise</u> (If non-resident, give place and State)
11. Color or race <u>white</u>	12. Age at last birthday <u>23</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>17</u> (years)
13. Birthplace (city or place) <u>Fair Haven</u> (State or Country) <u>Vermont</u>	22. Birthplace (city or place) <u>Des Moines</u> (State or Country) <u>Iowa</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	25. Date (month and year) last engaged in this work <u>Sept. 6, 1880, 19</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Butcher Shop</u>	26. Total time (years) spent in this work <u>1</u>	27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
16. Date (month and year) last engaged in this work <u>Sept. 6, 1880, 19</u>	17. Total time (years) spent in this work <u>2</u>	28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
29. If stillborn, period of gestation _____ months or weeks	30. Cause of Stillbirth _____	Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

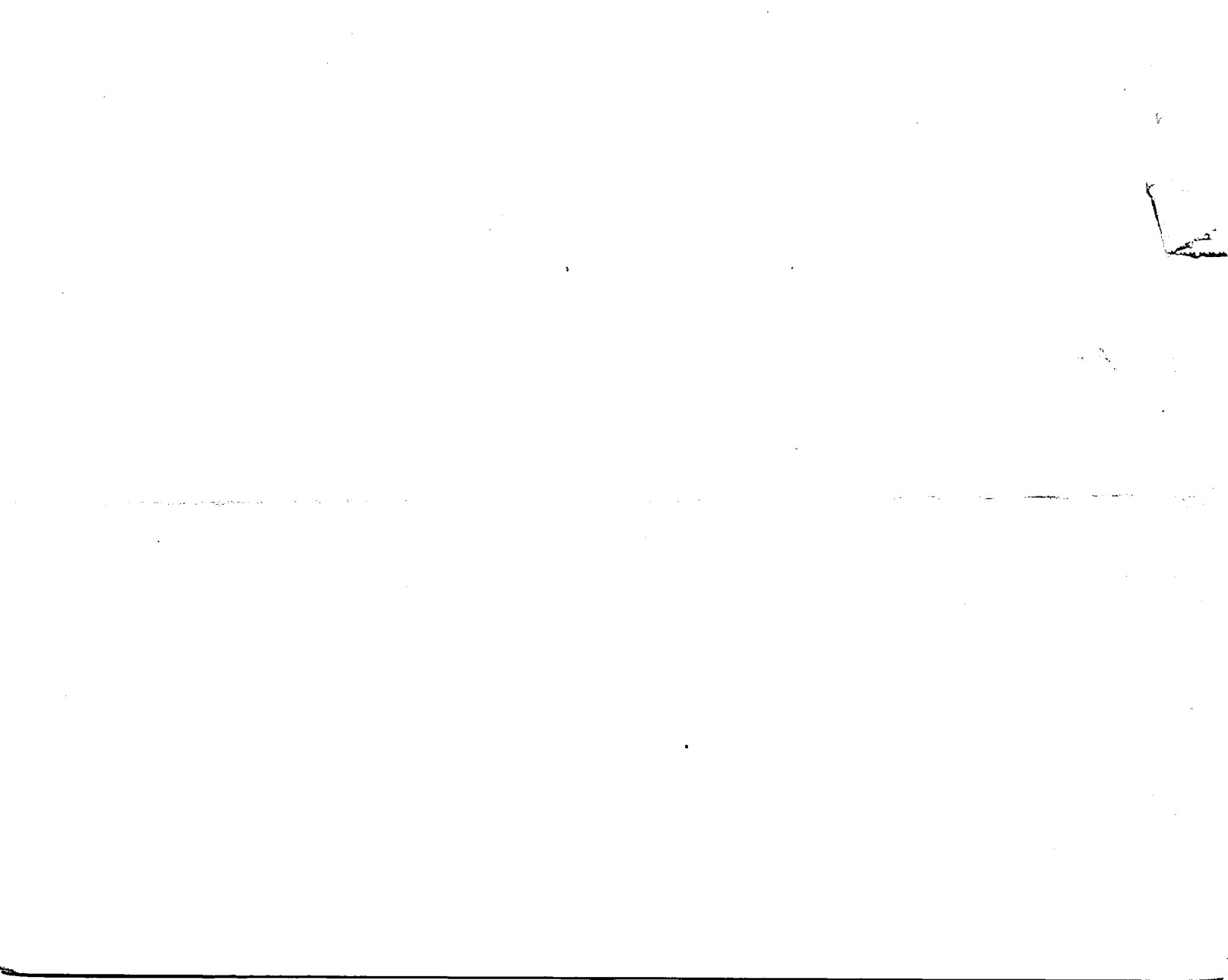
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Henrietta E. Chaskey M. D.
or Henrietta E. Chaskey Midwife
Address _____

Filed OCT 4 1939, 1939 Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
Henry Elta E. Pearley being first duly sworn says that
Fred is the Son of Fred & Rose James
(Relationship of child)*
born Sept. 6, 1880 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said.....

.....hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....M. D. was the Midwife
medical attendant at the birth of said.....and that
the said ~~medical~~ attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Henrietta E. Pearley Mrs E & H

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 24 day of October, 1935

[Signature]
Residing at Boise, Idaho. Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

293-11410-21-515
1. PLACE OF BIRTH
County of Territory of Idaho
City of Clifton Idaho
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 6 1940

(If born in hospital or institution give name.)

Prim. Registration District No. _____ State File No. 291120
Local Registrar's No. _____

2. FULL NAME OF CHILD Calvin Williard Billingsley

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth March-14-1880 (Month, Day, Year)

9. Full name William Stevon Billingsley FATHER

18. Full maiden name Sarah Ellen Van Leuven MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Peoria Ill.

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 40 (years)

20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Alabama

22. Birthplace (city or place) (State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Five (a) Born alive and now living Five (b) Born alive but now dead Two (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at a m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) _____, M. D.

or Sarah E. Lake Van Leuven Midwife

Address Clifton, Boise Co. Idaho

Filed 2-19, 1940 Dr. Frank Tiger

Registrar.

Registrar.



141 PMF



05124

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2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

1. AG 19-221:035-266
PLACE OF BIRTH
County of Nez Perce
City of Mount Idaho
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Reg. District No. _____ State File No. 291142
APR 3 1940

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lenna Gray Rainey

3. Sex Female	If plural births { 4. Twin, triplet, or other. <u>--</u> 5. Number, in order of birth <u>2</u>	6. Premature. _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Aug 21, 1886</u> (Month, Day, Year)
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9. Full name John William Rainey	FATHER	18. Full maiden name Lynn Annette Bowers	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mt. Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mt. Idaho</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>42</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>State of Georgia</u>	22. Birthplace (city or place) (State or Country) <u>Portland Oregon</u>
--	---

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Assessor</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>5 years</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u> 25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Apr. 3, 1940 Mae G. Atwood

Registrar.

Bureau of Vital Statistics

2.311 63 1942

1

STATE OF IDAHO

291142

DEPARTMENT OF PUBLIC HEALTH—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

APR 8 1940

State of Washington

County of Lewis

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lynn A. Schafer

being first duly sworn says that

she is the mother of Lenna Gray Rainey
(Relationship of child)*

born August 21, 1880 at Mount Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lenna Gray Rainey

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that John Morris, M. D., was the Midwife

medical attendant at the birth of said Lenna Gray Rainey and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Lynn A. Schafer

P. O. Address R. F. D. #2, Chehalis, Washington

Subscribed and sworn to before me this 30th day of March, 1940

Notary Public.

Residing at Chehalis, Washington xxxxx

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 268 224 501 39
PLACE OF BIRTH
County of Ada
City of Boise Idaho
No. Jefferson St.

RECEIVED

AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296212

296212

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Irving Boyakin Boyakin

3. Sex girl If plural { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? Yes
8. Date of birth Sept 24, 1939
(Month, Day, Year)

9. Full name FATHER Adonison Judson Boyakin 18. Full maiden name MOTHER Nevada Clifton

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 43 (years) 20. Color or race White 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Boise 22. Birthplace (city or place) (State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Editor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work March, 1939 17. Total time (years) spent in this work 46 25. Date (month and year) last engaged in this work 1940 26. Total time (years) spent in this work 65

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 9
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

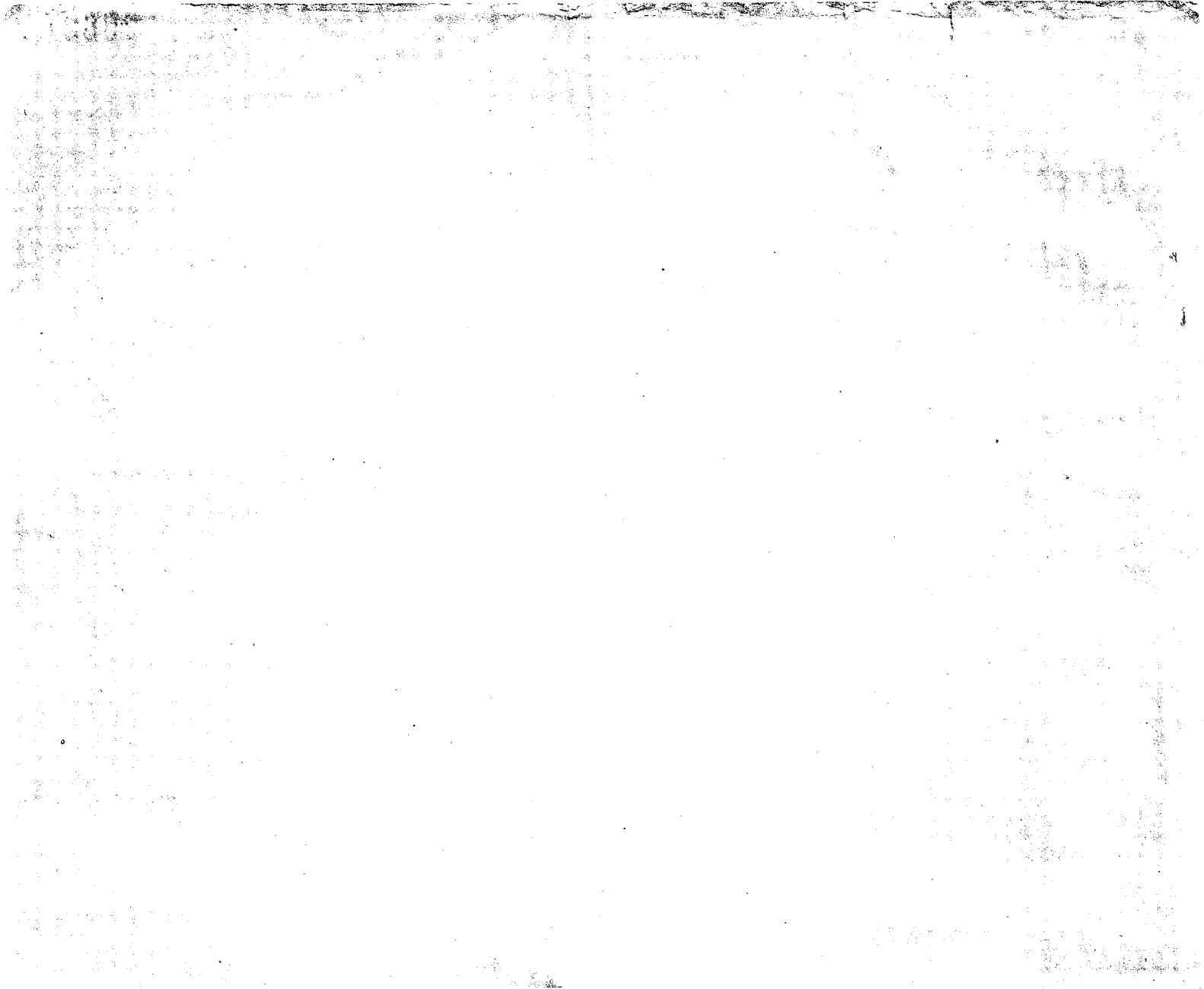
Address _____

Filed Aug 1, 1940 Mac G. Atwood

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from _____
a supplemental report _____
(Date of) _____



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Nevada Clifton (McAllister) being first duly sworn says that
is the Mother of Imogen Bayless.
(Relationship of child)*
born 9-24-1880 at Boise, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said _____

_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____, M. D., was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

19

Notary Public.

Residing at

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating
the relationship of the affiant, as brother, sister, cousin, etc.

5-16-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815 102 044-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

302 886

302886

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 7 1940

1. PLACE OF BIRTH (a) County <u>Washington</u> (b) City <u>Wenatchee</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Wenatchee</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>8</u> yrs. (f) Mother's mailing address <u>Wenatchee, Idaho</u>	
4. FULL NAME OF CHILD <u>Henry Van Dyke Hannah Jr</u>		5. Date of Birth (Month, day, year) <u>Oct. 2, 1880</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Van Dyke Hannah</u>		16. FULL MAIDEN NAME <u>Mary Etta Hunter</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>38</u> yrs.		18. Age at time of THIS birth <u>23</u> years	
13. Birthplace <u>Rising Sun, Indiana</u> (City or town) (State or foreign country)		19. Birthplace <u>Rising Sun, Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child. <u>6</u> (b) Born alive and now living. <u>6</u> (c) Born alive and now dead. <u>0</u> (d) Stillborn. <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother) <u>Mae G. Atwood</u> (First name) (Last name)			
26. (a) Dec. 7, 1940 (Date received)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)	
27. Given name <u>Bureau of Vital Statistics</u> (Registrar's signature)		and address Date	

State of Idaho } ss.
County of Canyon }

I, Lloyd E. Hannah, being first duly sworn, say that I am Related (Related to (or) acquainted with) Henry Van Dyke Hannah as a Brother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Henry Shaw (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 6 day of December, 1940

(SEAL) P. C. Sleeper Notary Public, residing at Notus, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212 227 001-211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **304273**
Local Reg. No.
Reg. Dist. No.

DEC 20 1940

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Dry Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 7 days.
In **THIS** county 7 years months days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Dry Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Boise, Idaho
3. **RESIDENCE OF FATHER** (city, state) Dry Creek, Idaho

4. **FULL NAME OF CHILD** Mary Ellen Bast
5. Date of Birth (Month, day, year) Dec. 27, 1880
6. Sex F 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Jacob H. Bast
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Sheboygan, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Augusta Baatz
17. Color or Race white 18. Age at time of THIS birth 23 years
19. Birthplace Denver, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, (First name) (Last name)

26. (a) Dec. 20, 1940 (b) Mae G. Atwood
(Date received) (Signature)
27. Given name added on by Bureau of Vital Statistics
(Registrar's signature)
25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Snohomish (Boulanger)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Caroline Boulanger first duly sworn, say that I am related to Mary Ellen Bast as sister
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none who attended said birth. (Name of attendant at birth)
(Is now deceased (or) cannot be located) Clara Boulanger previously recorded.

Name Bellingham, Wash. P. O. Address

Subscribed and sworn to before me on this 16th day of December, 1940

(SEAL) [Signature] Notary Public, residing at Snohomish.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

881-230-028-349 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304592

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Washington</u> (b) City <u>Athol</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county years month days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boone</u> (c) City <u>Athol</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address <u>Athol Idaho</u>
---	--

4. FULL NAME OF CHILD <u>Gladys Loette Hyatt</u>	5. Date of Birth (Month, day, year) <u>Nov. 30-1880</u>
6. Sex <u>Fe</u>	7. Twin or Triplet
	If so—born 1st, 2nd, 3rd
	8. No. months of Pregnancy <u>9mo.</u> 9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ala Hyatt</u>	16. FULL MAIDEN NAME <u>Alzaba Currutt</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>26</u> yrs.
11. Birthplace <u>Labeet Co. Kansas</u>	19. Birthplace <u>Henry Co. Missouri</u>	20. Exact Occupation <u>House Wife</u>	21. Industry or Business
12. Age at time of THIS birth <u>31</u> yrs.	13. Birthplace (City or town) (State or foreign country)	14. Exact Occupation <u>Laborer</u>	15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 4
(c) Born alive and now dead 6 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 4: P M. on the date Jan. 9, 1941 and at the place stated above, and that personal particulars were furnished by Addie Alzada Hyatt (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Jan. 9, 1941 (Date received)	(b) Clyde Bridger, Acting Registrar's signature	25. Attendant's OWN signature <u>Dead</u> and address Date
27. Given name added on by (Registrar's signature)		

State of Washington County of Snohomish ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie Alzada Hyatt, being first duly sworn, say that I am related to Gladys Loette Hyatt as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Addie Alzada Hyatt Signature
Soap Lake, Washington P.O. Address

Subscribed and sworn to before me on this 24th day of December, 1940.

(SEAL)

J.C. Knapp

Notary Public, residing at Snohomish.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/15/41/EA

466-105-001-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **307842**

CERTIFICATE OF BIRTH

Local Reg. No. _____

FEB 20 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Horse Shoe Bend
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years 1880 month July days 5
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Horse Shoe Bend
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address _____
3. **RESIDENCE of FATHER** (city, state). 5

4. **FULL NAME OF CHILD** Fred T. Moore
5. Date of Birth (Month, day, year) July 5 1880
6. Sex Male
7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full
9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** John Stone T. Moore
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bentonport Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
16. **FULL MAIDEN NAME** Celeste L. Porter
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Keosauke Missour
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (born alive, stillborn) _____ who is related to this child as _____
(First name) (Last name) Dead
26. (a) Feb. 20, 1941 (Mother's date) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Arizona } ss.
County of Maricopa

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

1. Celeste L. Moore, being first duly sworn, say that I am Heather related to Fred T. Moore as Step Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. L. Porter, who attended said birth Dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____
P. O. Address _____

Subscribed and sworn to before me on this 12th day of Feb, 1941.
(SEAL) Samuel Cohen Notary Public, residing at Miss Ariz

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

819-206. 029-285
RECEIVED
MAR 5 1941
FEB 2 1941

(Be sure the information is as of date of birth of THIS child)

STATE OF IDAHO

308009

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Latah (b) City _____
(c) Street Address or R.F.D. No. Viola
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City now Latah.
(d) Street Address or R.F.D. No. Viola, Idaho
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Dead
3. RESIDENCE of FATHER (city, state): Dead

4. FULL NAME OF CHILD Jessie Quessnell Harrison
5. Date of Birth (Month, day, year) Apr. 6, 1880
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Ebenezer B. Harrison
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Do not know. Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None
- MOTHER OF CHILD
16. FULL MAIDEN NAME Amelia Jane Shearer
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Oceola, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 25 1941 (Mother, etc.)
(Date received) (b) Clude A. Bridger
(Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Silvey, being first duly sworn, say that I am related
Jessie Quessnell Harrison as sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Williams, who attended said birth is now dead (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 17th day of February, 1941
(SEAL) Hattie Silvey Signature
Moscow, Idaho P. O. Address
Notary Public, residing at Moscow, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Deer Lake City Brommington
(c) Street Address or R.F.D. No. Deer Lake
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Deer Lake
(c) City Brommington
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): Marion, Wash.

4. FULL NAME OF CHILD Georgiana Rebecca Stevens
5. Date of Birth (Month, day, year) 21 April 1890
6. Sex female 7. Twin or Triplet 1st, 2nd, 3rd If so—born _____
8. No. months of Pregnancy full 9. Legitimate? X

FATHER OF CHILD

10. FULL NAME James Roswell Stevens
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Willard City Utah
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Janette Bee
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Richmond Utah
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at early M. on the date
(born alive, stillborn) morn
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) 2-21-41 (Mother, etc.) (b) Marion Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)
25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of Skagit } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, James Roswell Stevens, being first duly sworn, say that I am father
Georgiana Rebecca Stevens my daughter (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Greenhalgh, who attended
deceased (Name of attendant at birth)
said birth. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Roswell Stevens Signature
R 2 Anacortes, Washington P. O. Address

Subscribed and sworn to before me on this 18 day of March, 19 41.

(SEAL)

H. O. Davey Notary Public, residing at Anacortes, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-121 040-964

313385

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 9 1941

1. PLACE OF BIRTH
(a) County Shoshone (b) City LANE
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 2 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Lane
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address 123 W Acacia

4. FULL NAME OF CHILD Patrick Henry Brady
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE of FATHER (city, state) Glendale Calif.
5. Date of Birth (Month, day, year) Mar. 21, 1880
8. No. months of Pregnancy 9 9. Legitimate? Yes

6. Sex Male
FATHER OF CHILD
10. FULL NAME Patrick Brady
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Glasgow Scotland
(City or town) (State or foreign country)
14. Exact Occupation Store Keeper
15. Industry or Business Merchandise

MOTHER OF CHILD
16. FULL MAIDEN NAME Alice Elizabeth Roden
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Benson Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 9 1941 (b) Mary H. Roden
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Alice Elizabeth Brady being first duly sworn, say that I am related to
Patrick Henry Brady as mother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Roden (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Alice Elizabeth Brady Signature
123 C-West Acacia Glendale California P.O. Address

Subscribed and sworn to before me on this 6 day of June 1941

(SEAL) Duncan Gardner Notary Public, residing at Glendale California
Notary Public Los Angeles County State of California. My commission expires Jan'y 6-1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819128 036-236

RECEIVED

313569

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Oneida</u> (b) City <u>Marsh Valley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At her own home</u> (e) Mother's stay BEFORE delivery: <u>None</u> In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Marsh Valley, Idaho</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>21</u> yrs. (f) Mother's mailing address <u>Marsh Valley, Ida</u>	
4. FULL NAME OF CHILD <u>James Joseph Harder</u>		5. Date of Birth (Month, day, year) <u>May 28, 1889</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
10. FULL NAME <u>John Harder</u>		16. FULL MAIDEN NAME <u>Sarah Matilda Stowe</u>	
11. Color <u>white</u>	12. Age at time of THIS birth <u>37</u> yrs.	17. Color <u>white</u>	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Woodstock, Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Council Bluff, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>House work</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) _____ (Date received) (b) <u>Marcel J. Keeler</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho }
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Eva Hubbard, being first duly sworn, say that I am Related to James Joseph Harder as Sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sherman M.D., who attended said birth Is now Deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Eva Hubbard Signature
Shoshone P. O. Address

Subscribed and sworn to before me on this 14th day of June, 1941

(SEAL)

Notary Public, residing at Shoshone Idaho

P. C. by 207 41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955729 001 219
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315494
State File No. 315494
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County ADA (b) City NEAR EMMETT
(c) Street Address or R.F.D. No. NEAR EMMETT
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home NONE days.
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City NEAR EMMETT
(d) Street Address or R.F.D. No. NEAR EMMETT
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address EMMETT

3. RESIDENCE of FATHER (city, state) EMMETT, IDAHO

4. FULL NAME OF CHILD RUSSELL WELLINGTON REED 5. Date of Birth Dec. 29, 1880
(Month, day, year)

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME JAMES FRANKLIN REED
11. Color or Race WHITE 12. Age at time of THIS birth 21 yrs.
13. Birthplace FORREST GROVE, OREGON
(City or town) (State or foreign country)
14. Exact Occupation LIVESTOCK LABORER
15. Industry or Business LABORER

MOTHER OF CHILD
16. FULL MAIDEN NAME HATTIE ELIZABETH BAILEY
17. Color or Race WHITE 18. Age at time of THIS birth 17 yrs.
19. Birthplace DELYEDERE, ILL.
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 11 P. M. on the date
(born alive, stillborn) MYSELF, who is
and at the place stated above, and that personal particulars were furnished by FATHER, who is
related to this child as FATHER (First name) (Last name)
(Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature FATHER M.D. (D.O., Midwife, etc.)
and address YALE, OREGON Date 7-11-41

State of OREGON
County of MALHEUR } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JAMES FRANKLIN REED, being first duly sworn, say that I am RELATED to
RUSSELL WELLINGTON REED as FATHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that MRS JOHN L JACKSON, who attended
(Name of attendant at birth)
said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19 day of July, 19 41
(SEAL) J. E. Matheson Notary Public, residing at YALE, OREGON
My Commission EXPIRES 6/2/44

7 | 2741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-197-25-142

316966

316966

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce

JUL 21 1941

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Territory** (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Territory**
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? **10** yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) **Territory of Ida.**

5. Date of Birth
(Month, day year) **July 17, 1880**

4. FULL NAME OF CHILD

Marion Taylor Smith

6. Sex **Male**

7. Twin or Trip't If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Abner Hisen Smith**

11. Color or Race **white** 12. Age at time of THIS birth. **35** yrs.

13. Birthplace. **Oregon**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Sarah Ellen Adkison**

17. Color or Race **white** 18. Age at time of THIS birth. **30** yrs

19. Birthplace. **Buckland, Missouri**
(City or town) (State or foreign country)

20. Exact Occupation **Farmer's wife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) **JUL 21 1941** (b) **Marion Taylor**
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.

and address _____ Date _____ (D.O., Midwife, etc.)

State of **Idaho** }
County of **Ada** } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, **Frankie Reed**, being first duly sworn, say that I am **a sister of**
Marion Taylor Smith as **older sister** (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **an army doctor**, who attended

said birth **cannot be located** (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frankie Reed Signature

1002 N 5th St Boise Ida P. O. Address

Subscribed and sworn to before me on this **19th** day of **July**, 19 **41**

(SEAL)

Harry Proger Notary Public, residing at **Boise, Idaho.**

8-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



366-228-001 439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **319688**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

SEP 10 1941

1. PLACE OF BIRTH:

(a) County Canyon (b) City Caldwell

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

4. FULL NAME OF CHILD

Cora Easter Cook

6. Sex Female

7. Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____

9. Legitimate? yes

5. Date of Birth

(Month, day, year) Mar. 25 1880

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City near Caldwell

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? _____

(f) Mother's mailing address Caldwell, Ida

3. RESIDENCE of FATHER (city, state): Lake

FATHER OF CHILD

10. FULL NAME

Lewis Franklin Cook

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Greene Co. Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mariah Callen M^c. Intype

17. Color or Race White

18. Age at time of THIS birth 52 yrs.

19. Birthplace near Meigs Co. Ohio
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

26. (a) SEP 10 1941
(Date received)

(b) Mary E. Cook
(Registrar's signature)

25. Attendant's

OWN signature _____ M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address _____ Date _____

State of Idaho

County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ira Cornelius Cook, being first duly sworn, say that I am a brother of

Cora Easter Cook

(Name of person on certificate above)

(State relationship or acquaintance)

(Related to (or) acquainted with) _____, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Ira E. Cook

Signature

766-N-E-9th Ave Portland Ore P.O. Address

Subscribed and sworn to before me on this 15th day of Sept 19 41

(SEAL)

M and Henry

Notary Public, residing at Naupa Idaho

9-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

44 7115 035 466

United States
Department of Commerce
Bureau of Census

OCT 1 1941

the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **321383**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address 1723 E. Burnside

3. RESIDENCE of FATHER (city, state) Portland, Ore.

4. FULL NAME OF CHILD John Edward Dupuy
5. Date of Birth (Month, day year) August 10 1880
6. Sex male **7. Twin or Triplet** If so born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Cesar Heath Dupuy
11. Color or Race white **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Staten Island New York (City or town) (State or foreign country)
14. Exact Occupation Seaman
15. Industry or Business Log goods

MOTHER OF CHILD
16. FULL MAIDEN NAME Chlotilda Louise Moore
17. Color or Race white **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Georgetown Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 1 1941 (Date received) **(b)** Marjorie E. Moore (Mother, etc.) (Registrar's signature)
25. Attendant's OWN signature **M.D.** (D.O., Midwife, etc.)
27. Given name added on **by** (Registrar's signature) **and address** **Date**

State of Oregon } ss. Dupuy
County of Multnomah
I, Chlotilda Louise Moore, being first duly sworn, say that I am the mother of John Edward Dupuy as her son (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. M. M. (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Chlotilda Louise Moore Dupuy Signature
1723 E. Burnside, City P. O. Address
Subscribed and sworn to before me on this 29 day of Sept 1941
(SEAL) Marjorie E. Moore Notary Public, residing at Portland, Ore.
Comm Exp. 8/14/44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-203-046515

322904

322904

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce, Bureau of Census CERTIFICATE OF BIRTH Local Reg. No.
 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Washington (b) City Salubria
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Private home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home 0 days.
 IN THIS county 0 years month days
 2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Washington
 (c) City Idaho
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 2 yrs.
 (f) Mother's mailing address Salubria St
 3. RESIDENCE of FATHER (city, state) Salubria St

4. FULL NAME OF CHILD Florence May Thompson 5. Date of Birth (Month, day year) May 3, 1880
 6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? X

FATHER OF CHILD MOTHER OF CHILD
 10. FULL NAME John Thomas Thompson 16. FULL MAIDEN NAME Emeline Maria Van Dyke
 11. Color or Race White 12. Age at time of THIS birth 21 yrs. 17. Color or Race White 18. Age at time of THIS birth 19 yrs.
 13. Birthplace Nevada (City or town) (State or foreign country) 19. Birthplace Michigan (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation House wife
 15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:30 A.M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Eva J Logan, who is related to this child as Sister (First name) (Last name)

26. (a) OCT 24 1941 (Date received) (b) M. A. Hecker (Mother, etc.) (Registrar's signature)
 25. Attendant's OWN signature Eva J Logan (Midwife, etc.)
 27. Given received on by (Registrar's signature) and address Boise, Idaho Date

State of } ss.
 County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)
 Subscribed and sworn to before me on this day of, 19.....
 (SEAL) Notary Public, residing at

Signature
 P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-107,036-168

323319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Elford Isaac Sears

6. Sex Boy Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Isaac Sears
11. Color White 12. Age at time of THIS birth 2 6 yrs.
13. Birthplace Not sure (City or town) (State or foreign country)
14. Exact Occupation Hauling freight to Montana at
15. Industry or Business time of this birth

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Idaho

5. Date of Birth (Month, day year) Oct 7 1880

8. No. months of Pregnancy 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Johnson
17. Color White 18. Age at time of THIS birth 2 6 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation House Maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 30 1948 (Date received) (b) Mabel E. Elder (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Missouri } ss.
County of Jackson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Johnson, being first duly sworn, say that I am Uncle (Related to (or) acquainted with) Alfred Isaac Sears as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Fredrickson (Name of attendant at birth) who attended said birth now dead and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13 15 day of October, 1941
(SEAL) B. J. Scott Notary Public, residing at Independence Jackson Co Mo

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Beavert } SS.

Certificate No. 323319

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Alfred Isaac Sears who was Born on Oct. 7-1880
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Malheur Co. Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Affidavit prepared on Dec. 10-1944, are:
(BIBLE RECORD INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

name

Alfred Isaac Sears

Elford Isaac Sears

Subscribed and sworn to before me this 2nd
day of January, 19 42

Edward Brownlee

Notary Public, residing at Hamilton, Mont

My commission expires Oct 20 1944
(SEAL)

Signed Arina Shopper

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Beavert } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of January, 19 42

Edward Brownlee

Notary Public, residing at Hamilton, Mont

My commission expires Oct 20 1944
(SEAL)

Signed Hettie Sears Chambers
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

JAN 10 1942

100%

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-713-035-265

United States (Be sure the information is as of date of birth of THIS child) State File No. **323851**
Department of Commerce NOV 17 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census Nez Perce STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: in home, A farm house
(e) Mother's stay BEFORE delivery: BEFORE
In Hosp. or Mat. Home days
IN THIS county two years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No. One
(e) How long has MOTHER lived in Idaho? two yrs.
(f) Mother's mailing address MOSCOW, R.F.D. 1

3. RESIDENCE of FATHER (city, state) MOSCOW Idaho

4. FULL NAME OF CHILD Laura Louise Holm Benge
5. Date of Birth (Month, day year) April 13-1880
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Abraham Holm 16. FULL MAIDEN NAME Justina Swenson
11. Color white 12. Age at time of THIS birth 34 yrs. 17. Color White 18. Age at time of THIS birth 37 yrs.
13. Birthplace Norway (City or town) (State or foreign country) 19. Birthplace Oslo Sweden (City or town) (State or foreign country)
14. Exact Occupation farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by NOV 17 1941 (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 17 1941 (b) M. J. Heeler 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Nez Perce }

I, Ida J. Agrell, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Laura Louise Holm Benge as her sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Westendahl (Name of attendant at birth), who attended said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Ida J. Agrell Signature
1337 F-Street Lewiston Idaho P. O. Address
Subscribed and sworn to before me on this 10th day of November 1941
(SEAL) C. R. Smith Notary Public, residing at Lewiston, Idaho

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

324029

United States (Be sure the information is as of date of birth of THIS child) State File No. 324029
 Department of Commerce NOV 18 1941 CERTIFICATE OF BIRTH
 Bureau of Census STATE OF IDAHO Local Reg. No. _____
 Reg. Dist. No. _____

1. PLACE OF BIRTH *near Moscow*
 (a) County *Idaho* (b) City *near "Moscow"*
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county *4* years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State *Idaho* (b) County *Idaho*
 (c) City *near "Moscow"*
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? *4* yrs.
 (f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) *near "Moscow" Idaho*
 4. FULL NAME OF CHILD *Della Mae Lamb*
 5. Date of Birth (Month, day year) *Nov. 14, 1880*
 6. Sex *female* 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD
 10. FULL NAME *John Morrell Lamb*
 11. Color or Race *White* 12. Age at time of THIS birth *39* yrs.
 13. Birthplace *Troy Ohio* (City or town) (State or foreign country)
 14. Exact Occupation *Farmer*
 15. Industry or Business *Farmer*

MOTHER OF CHILD
 16. FULL MAIDEN NAME *Killeeta Wolhuter*
 17. Color or Race *White* 18. Age at time of THIS birth *29* yrs.
 19. Birthplace *Fairley Ohio* (City or town) (State or foreign country)
 20. Exact Occupation *Housewife*
 21. Industry or Business *Housewife*

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child *6* (b) Born alive and now living *9*
 (c) Born alive and now dead *1* (d) Stillborn *none*

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) *NOV 18 1941* (b) *Mabel Keeler* 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of *Washington* } ss.
 County of *Franklin*
 I, *Mustel Paul Pangborn*, being first duly sworn, say that I am *the sister of* (Related to (or) acquainted with)
Della Mae Lamb Wright as *sister* (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Sarah Wolhuter* (Name of attendant at birth) who attended said birth *is now deceased* and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this *17th* day of *November* 19*41*
 (SEAL) *Benell B. Bern* Notary Public, residing at *Pasco*
Mrs. T. Opal Pangborn Signature
Wenatchee Wash. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



NOV 21 1937

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-220 035 255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

325879
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Nezperce (b) City Genesee
(c) ~~Street Address or R.F.D. No.~~ ac home
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Nezperce
(c) City Genesee
(d) ~~Street Address or R.F.D. No.~~ Farm
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address shed Feb 1934

3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD

Mabel Caroline Tabor

6. Sex Female 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth
(Month, day year) Aug. 20, 1880

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Cass Tabor
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosella W. Beeman
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Walla Walla Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8
(c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) DEC 12 1941 (b) Mary A. Henry
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Nezperce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary A. Henry, being first duly sworn, say that I am related to
Mabel Caroline Tabor as sister
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that who attended

said birth and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature Mary A. Henry
P. O. Address

Subscribed and sworn to before me on this 24th day of November, 1941.

(SEAL)

Notary Public, residing at Spencer, Idaho

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-110-044-169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327100**
Local Reg. No.
Reg. Dist. No.

DEC 20 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Washington** (b) City **Weiser**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Wash.**
(c) City **Weiser**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **19** yrs.

4. **FULL NAME OF CHILD** **Charles Alma Kelson**

5. Date of Birth of Child
(Month, day, year) **Dec. 10, 1880**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Soren Kelson**
11. Color **White** 12. Age at time of THIS birth **35** yrs.
13. Birthplace **Aalso Denmark**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Dorthea Helena Jorgensen**
17. Color **White** 18. Age at time of THIS birth **35** yrs.
19. Birthplace **Skogodstrup Denmark**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **9** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Idaho**
County of **Boundary** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4, above, that I am now **70** years of age, that I have known this person for **over 60** years, and that **Wm. B. Kelson**, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **8th** day of **December** **1941**
(SEAL) **W. B. Kelson** Notary Public, residing at **Boundary, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 20 1941** by **Marcel L. Kelson**, Registrar.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 327935
Local Reg. No.
Reg. Dist. No.

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. *****
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD Florence Belle Leavitt
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Dec. 10-1880

8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Nathaniel Leavitt
11. Color Wh. 12. Age at time of THIS birth 31 yrs.
13. Birthplace Council Bluffs-Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Minerva Pierson
17. Color Wh. 18. Age at time of THIS birth 22 yrs.
19. Birthplace Willard, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature Dr. Lucas- deceased M.D. Address Date
(Mother, etc.)

State of Idaho County of Cassia } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the not related to of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for my 60 years, and that Dr. Lucas is deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Lewis Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of December, 1942
(SEAL) Wm. H. Fisher Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Manuel H. Green, Registrar.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

JAN 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327948**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Nez Perce, Idaho

4. FULL NAME OF CHILD Mary O. Chambers (~~Now Townsend~~)

5. Date of Birth of Child
(Month, day, year) Sep. 10, 1880

6. Sex female **7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME James M. Chambers
11. Color or Race White **12. Age at time of THIS birth** 34 yrs.
13. Birthplace Osage Co. Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Taylor
17. Color or Race White **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Mahaska Co. Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 61 years, and that Nancy Taylor (Midwife), who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Taylor Signature
Grafino, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941

(SEAL) [Signature] Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Maud Heiler, Registrar.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County Oneida (b) City Eagle Rock
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. at home days. IN THIS county one years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Oneida
(c) City Eagle Rock
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address Elma Wash
3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Nellie Loertscher, nee N. Loertscher 5. Date of Birth (Month, day year) Feb 15 1880
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD FULL NAME Rudolph Loertscher
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Berne Switzerland (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming
MOTHER OF CHILD FULL MAIDEN NAME Sena Gillenwaters
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Henry County, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That ~~XXXXXXXXXXXX~~ this child, who was born alive (born alive stillborn) M. on the date Feb 15 1880 and at the place stated above, and that personal particulars were furnished by Sena Loertscher (First name) (Last name) who is related to this child as mother of applicant. Sena Loertscher
I was born in 1865 and Jan 4 1855 (Date received) (Registrar's signature)
26. (a) JAN 8 1942 (b) Jan 4 1855 (c) XXXXXXXXXXXX (d) XXXXXXXXXXXX
27. Given name added on by (Registrar's signature) and address Seattle, Wash. Date 7/30/41

State of Washington } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Grays Harbor

I, Sena Loertscher, being first duly sworn, say that I am the mother of Nellie Loertscher now Hermann (Related to (or) acquainted with) her mother (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elma Wash. Signature
Subscribed and sworn to before me on this 30th day of July 19 41 P. O. Address Seattle.
(SEAL) Frank M. M. M. Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239716-025 818
JAN 10 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child) State File No. **328696**
CERTIFICATE OF BIRTH
Local Reg. No. _____
STATE OF IDAHO Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN **THIS** county X years _____ month _____ days
2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Near Grangeville, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** William Hayworth Stilwell
5. Date of Birth (Month, day, year) July 16, 1880
6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** William Wesley Stilwell
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace XX Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Pharabee Hayworth
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace X Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was XX at XX M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by XX, who is related to this child as XX (First name) (Last name)

26. (a) JAN 10 1942 (Date received) (b) Edna May Yandell (Attendant's signature)
27. Given name added on _____ by _____ (Registrar's signature) 25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of ? } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna May Yandell, being first duly sworn, say that I am Related to
William Hayworth Stilwell as Sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Edna May Yandell (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18 day of NOTARY PUBLIC for the State of Montana,
Edna May Yandell Signature
Wolf Point, Montana P. O. Address

(SEAL)

Residing at Wolf Point, Montana,
Notary Public, residing since June 5th, 1943,
My commission expires June 5th, 1943.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-121-035-396

330998

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County ~~Idaho~~ (b) City MOSCOW
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county nine years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County ~~Idaho~~
(c) City MOSCOW
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address R.F.D. 1, MOSCOW

3. RESIDENCE of FATHER (city, state) MOSCOW, Ida

4. FULL NAME OF CHILD BERT CROWLEY

5. Date of Birth Feb. 21, 1880
(Month, day year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Crowley

11. Color or Race White 12. Age at time of THIS birth 44 yrs.

13. Birthplace Ireland
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Viola Crow

17. Color or Race white 18. Age at time of THIS birth 23 yrs

19. Birthplace Corvallis, Oregon
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farmer's wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JAN 22 1942 (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Crowley, being first duly sworn, say that I am related to Bert Crowley as brother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session-Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife _____, who attended said birth, is now deceased and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Frank Crowley. _____ Signature

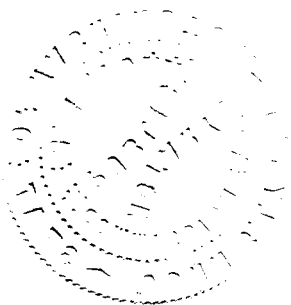
Subscribed and sworn to before me on this 13th day of January 1942.
(SEAL) _____ Notary Public, residing at _____
P. O. Address _____

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 30 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

331686
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Immanuel and about 7 miles South
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow My Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Walter Clay Hibbs
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug 22 1880
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George H. Hibbs
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Corvallis Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ella E. Landingham
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Corvallis Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 61 years, and that Alice Richardson, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27 day of January, 1942
(SEAL) A. C. [Signature] Notary Public, residing at Moscow, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Marl [Signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-219 030 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. **332024**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child

(Month, day, year) April 19-1880

4. FULL NAME OF CHILD

Inez A. Kenney

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Dwight Jackson Kenney

11. Color

White

12. Age at time

or Race White of THIS birth 20 yrs.

13. Birthplace

Exeter, Mass.

(City or town)

(State or foreign country)

14. Exact

Occupation Various, Rancher

15. Industry or

Business Assistant to M.D.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Josephine Hamey

17. Color

White

18. Age at time

or Race White of THIS birth 24 yrs.

19. Birthplace

Ohio

(City or town)

(State or foreign country)

20. Exact

Occupation House wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at P.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

Dwight J. Kenney

M.D.

Midwife

Address

Dead

Date

State of Idaho } ss.
County of Lemhi

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 91 years of age, that I have known this person for 62 years, and that

(First name) (Last name), who attended this birth..... I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dwight Jackson Kenney

Signature

Subscribed and sworn to before me this 31 day of January, 1942

(SEAL)

Josephine M. Kenney

Notary Public, residing at 2111-50 Grand Ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 9 1942**

Marcel J. E. Eifer

Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-229 001-859

334642

334642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho
5. Date of Birth of Child
(Month, day, year) Nov. 22, 1920

4. FULL NAME OF CHILD Myrtle Thresa Garyant
7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Franklin Garyant
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Agency Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Thresa Harrod
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Blackhawk Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for since birth years, and that Dr. S. Smith Adams who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Garyant Signature
1305 W. Jefferson St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942
(SEAL) S. E. B. Rame Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Maud E. Eder, Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 210-025 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

5. Date of Birth of Child
(Month, day, year) April 10 1880

4. FULL NAME OF CHILD Edna Alice Bradley

6. Sex female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Marcus Gray Bradley
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Hartsville Tennessee
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luzan Amanda Roby
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Salem Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 61 years, and that

(First name) (Last name) who attended this birth Deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R E Roby Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942.

(SEAL)

Opal J. J. J.

Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Marcel J. J. J. Registrar.

MAK 6 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-110-028-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

335563

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boone</u> (b) City <u>Boone</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>X</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boone</u> (c) City <u>Boone</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2.2</u> yrs.	
4. FULL NAME OF CHILD <u>Frank D. Herman</u>		3. RESIDENCE OF FATHER (city, state) <u>Boone Idaho</u>	
6. Sex <u>male</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 10 th 1880</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>		10. FULL NAME <u>John Herman</u>	
11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Elton Maryland</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Storekeeper</u>	
15. Industry or Business <u>Grocery</u>		16. FULL MAIDEN NAME <u>Mary Jane Pressley</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>27</u> yrs.	
19. Birthplace <u>Red Oak Georgia</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Mother's milk</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature California M.D. Midwife Address Date

State of California County of Sutter } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 61 years, and that Dr. Leonard Woods who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature X-Mary J. Pressley P.O. Address Boone Idaho
 Subscribed and sworn to before me this 13th day of Feb 19 42
 (SEAL) OH 691 Notary Public, residing at Boone Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary J. Pressley Registrar.

MAR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

113130-044 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336958
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Fielding Jackson
5. Date of Birth of Child
(Month, day, year) Aug. 30, 1890
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|------------------------------------|--|
| 10. FULL NAME <u>John Andrew Jackson</u> | 16. FULL MAIDEN NAME <u>Mary Elizabeth Williams</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>38</u> yrs. |
| 11. Birthplace <u>Baltimore, Maryland</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Buchanan County, Mo.</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>housewife</u> |
| 12. Age at time of THIS birth <u>48</u> yrs. | | | |
| 13. Birthplace <u>Baltimore, Maryland</u>
(City or town) (State or foreign country) | | | |
| 14. Exact Occupation <u>Farmer</u> | | | |
| 15. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
- (Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 62 years, and that Mrs Shaw, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of March, 19 42

(SEAL) [Signature] Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by [Signature], Registrar.

APR 8 1942

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-11800-415

338043

United States
Department of Commerce
Bureau of the Census

MAR 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338043**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Lichenberg Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.
3. RESIDENCE OF FATHER (city, state) Boise Valley

4. FULL NAME OF CHILD William Fredrick Lichenberg

5. Date of Birth of Child
(Month, day, year) March 15-1880

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Fredrick Lichenberg
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Hessen, Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer Idaho
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Mantel
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Hessen, Germany
(City or town) (State or foreign country)
20. Exact Occupation house wife Idaho
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of Idaho County of Banyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the no relation to the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 62 years, and that Mary Johnson (First name) Widow (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lida Mary Johnson Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) Wesley W. Wilson Notary Public, residing at Caldwell, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mari Fielder Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



914-015025-915

338153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: 10 years 0 months 0 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Mary Agness Rauch
5. Date of Birth of Child June 15, 1880
(Month, day, year)
6. Sex female 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Henry Rauch
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace St. Clair County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Builder

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Melvina Rauch
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Argyle, Mc Honough, Ill
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home work

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 61 years, and that
(Mother, etc.)
Mrs. S. G. Benedict Midwife who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John as M.D. said on
Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942
(SEAL) W. H. H. H. H. Notary Public, residing at Grangeville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary H. H. H. Registrar.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-220-038-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339801**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) *Payette*
(a) County..... (b) City Washoe
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho Territory (b) County.....
(c) City Washoe
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Washoe Idaho Territory

4. **FULL NAME OF CHILD** Susan Alta Capitola Stroup

5. Date of Birth of Child
(Month, day, year) June 20, 1880

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Stroup
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Cattle and Horses

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Draper
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss.
County of Payette

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 62 years, and that
(First name) (Last name) (Mother, etc.)
....., who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Stroup Moore Signature
Ontario, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL)

Helene L. Moore Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Marj E. Fisher, Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339834
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Bingham
(c) City BLACKFOOT
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Harry Howell

5. Date of Birth of Child Oct. 7, 1980
(Month, day, year).....

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2ed 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Howell
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Illinois U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business Freighter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor E. Dolson
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Iowa U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nil
23. Number of children of this mother: (a) At time of birth and including this child 3ed (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother.....of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 61 years, and that Mrs. Charles Boone, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session-Laws.

Albert E. Howell Signature
Harold Oregon P. O. Address

Subscribed and sworn to before me this 26th day of March, 1982
(SEAL) Clarence B. Phillips Notary Public, residing at Boise, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Marj B. Jones, Registrar.

APR 7 1982

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-203035-815

340118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nez Perce (b) City Lewiston, Idaho
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
Own home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 10 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Main Street
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD

Emma Oda Rowley

5. Date of Birth of Child

(Month, day, year) Nov. 3 1980

6. Sex Female 7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eugene Austin Rowley
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Elmwood Illinois
(City or town) (State or foreign country)
14. Exact Occupation Tinsmith
15. Industry or Business Tin-shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Taylor Hanna
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Dayton Oregon
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Idaho County of Nez Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 61 years, and that Dr. John Q. Moxley, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 190, 1937 Session Laws.

Eugene A Rowley Signature
Lewiston Idaho. Box 58 P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42.
(SEAL) A.B.M. [Signature] Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

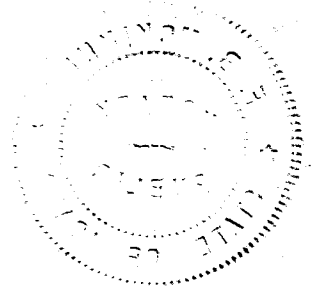
Received for filing on APR 8 1942 by Maude E. [Signature] Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-221-035 863

341140

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Nez Perce (b) City Moscow
 (c) Street Address or R.F.D. No. none
 (d) Name of Hospital or Maternity Home: Mrs. Jane R. Holden
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home 4 days.
 IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Nez Perce
 (c) City Moscow
 (d) Street Address or R.F.D. No. none
 (e) How long has MOTHER lived in Idaho? 3 yrs.
 (f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Myrtle Hatley 5. Date of Birth (Month, day year) Mar. 21, 1880
 6. Sex Female 7. Twin or no Triplet no If so—born 1st, 2nd, 3rd no
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Ninevah Patterson Hatley 16. FULL MAIDEN NAME Catherine Holden
 11. Color White 12. Age at time of THIS birth 34 yrs. 17. Color White 18. Age at time of THIS birth 21 yrs.
 13. Birthplace Raleigh, North Carolina (City or town) (State or foreign country) 19. Birthplace Nephi, Utah (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation Housewife
 15. Industry or Business same 21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 20 1942 (b) _____ (Mother, etc.)
 (Date received) (Registrar's signature)
 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address _____ Date _____
 (Registrar's signature)

State of Idaho } ss.
 County of Latah
 I, George Northrup, being first duly sworn, say that I am acquainted with
Myrtle Hatley as acquaintance (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jane R. Holden (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

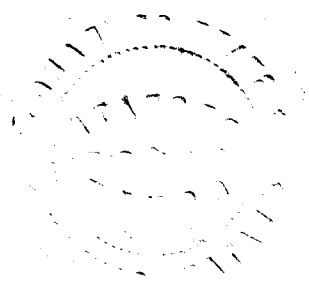
Subscribed and sworn to before me on this 16th day of April, 1942
 (SEAL) George Northrup Signature
319 S. Lilly St., Moscow, Idaho P. O. Address
Notary Public, residing at Moscow, Idaho.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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341330

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county -- years -- <u>3</u> months -- days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Wiles Benton Pierce</u>		5. Date of Birth of Child (Month, day, year) <u>October 7, 1880</u>	
6. Sex <u>Male</u>		7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd --	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Thomas Henry Pierce</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Wayne County</u> <u>Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Minister & Farmer</u> 15. Industry or Business ..		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Medora Brewer</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Philadelphia Penn.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business ..	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by, who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature W. L. Pearson **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 62½ years, and that Nancy M. Collins who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. L. Pearson Signature
6th & Adams Sts., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of April 1942
 (SEAL) HARRY A. THATCHER Ex-Officio Auditor and Recorder
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Marj E. Blum Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

167-108'00-133

343041

343041

United States ^{MAY 2}
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... <u>Ada</u> (b) City..... <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: .. (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... <u>Idaho</u> (b) County..... <u>Ada</u> (c) City .. (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... <u>✓</u> yrs.	
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4. FULL NAME OF CHILD <u>Walter Joplin</u>		5. Date of Birth of Child (Month, day, year) <u>July 8, 1880</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>William A. Joplin</u> 11. Color or Race <u>W</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Missouri</u> <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sanora A. Allen</u> 17. Color or Race <u>W</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... 3..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive..... M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Silas M. Joplin....., who is related to this child as COUSIN.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature	M.D.	Address	Date
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State of.....
 County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin..... of the person whose name appears in Item 4, above, that I am now 75..... years of age, that I have known this person for his life years, and that (First name) (Last name) who attended this birth..... I further state that (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of May, 1942
 (SEAL) Marcel H. Edgar Notary Public, residing at Boise Idaho
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Marcel H. Edgar Registrar.

MAY 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 229 044 862

343630

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lulu Mand Wilkerson

5. Date of Birth of Child
(Month, day, year) Feb 29/1880

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John V. Wilkerson
11. Color American 12. Age at time of THIS birth 36 yrs.
13. Birthplace Mt Vernon, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna E. Rosner
17. Color American 18. Age at time of THIS birth 28 yrs.
19. Birthplace Lafayette, Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child, 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 62 years, and that Rebecca Wilkerson who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Alma L. McWhorter Signature
586 Dr. Sumner St. Salem Ore P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942.
(SEAL) Edgar B. Reine Notary Public, residing at Salem Ore.

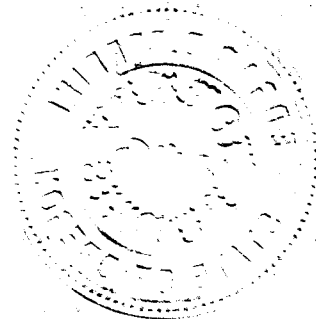
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Can Expire 3-14-44)

Received for filing on MAY 4 1942 by Mabel E. Eiler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-103-036-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344154

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samarua
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years 6 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samarua
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** Ezeriah J. Williams
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

3. **RESIDENCE OF FATHER** (city, state) Samarua, Ida
5. Date of Birth of Child (Month, day, year) Feb. 3, 1880
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Samuel D. Williams
11. Color white 12. Age at time of THIS birth 54 yrs.
13. Birthplace Braconshire, So. Wales
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Powell Williams
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Braconshire, So. Wales
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 62 years, and that Elizabeth Davis who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Murray W. Jenkins Signature
Chamberlain, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942
(SEAL) Marie Bulling Notary Public, residing at Malad, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

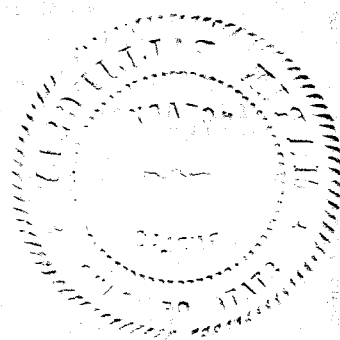
Received for filing on MAY 7 1942 by Mary E. Johnson Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-111-037 636

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

344180
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Owyhee (b) City Jordan Valley
(c) ~~Street Address or R.F.D. No.~~ Oregon on Idaho
(d) Name of Hospital or Maternity Home: Oregon State Line

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City 15 miles S.E. of Jordan Valley on
(d) ~~Street Address or R.F.D. No.~~ Idaho-Oregon line

(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Subv. Bldg. Ida

3. RESIDENCE of FATHER (City, State)

5. Date of Birth Aug. 11, 1880
(Month, day, year)

4. FULL NAME OF CHILD

Ambrose Augustin Maher

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Maher

11. Color or Race White 12. Age at time of THIS birth 44 yrs.

13. Birthplace Boston Massachusetts
(City or town) (State or foreign country)

14. Exact Occupation Rancher + Stockraiser

15. Industry or Business Ranching + Stockraising

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) W. S. Maher (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

MOTHER OF CHILD

16. FULL MAIDEN NAME Eileen O'Conner

17. Color or Race White 18. Age at time of THIS birth 38 yrs.

19. Birthplace Java Center, New York
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

State of Idaho } ss.
County of Owyhee

William S. Maher, being first duly sworn, say that I am related to
Ambrose Augustin Maher as brother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none, who attended
(Name of attendant at birth)
said birth can be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 5th day of May 1942
Gabriel Gloridin Signature
Jordan Valley Oregon P. O. Address

MAY 7 1942

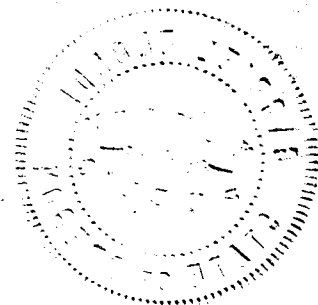
Notary Public for Oregon
My Commission Expires March 26, 1943

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

344732

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Wenatchee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery 3 at home
IN THIS county 3 years 3 months 0 days

4. FULL NAME OF CHILD Edwin Crastus Jones

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex male

FATHER OF CHILD

10. FULL NAME Charles Murphy Jones
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Wenatchee
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Wenatchee, Idaho

5. Date of Birth of Child
(Month, day, year) April 4, 1880

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Matilda Downey
17. Color white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Tennessee
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature deceased M.D. Midwife Address Date

State of Idaho County of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 67 years, and that Dr. L. Sater who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew J. Jones Signature
P. O. Address

Subscribed and sworn to before me this May day of May, 1947
(SEAL) C. S. Taylor Notary Public, residing at Wenatchee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 7 1947 by Marie E. Taylor Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing "FIRST-CLASS" postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

297-129-033-113

346329 346329

United States
Department of Commerce
Bureau of the Census

MAY 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Gem
(c) City Idaho store
(d) Street Address or R.F.D. No. unknown

(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Frank Bigham

6. Sex

Male

7. Twin or Triplet

—

If so—born 1st, 2nd, 3rd

—

8. No. months of Pregnancy

9

9. Legitimate?

Yes

10. FULL NAME

James Milton Bigham

11. Color or Race

White

12. Age at time of THIS birth 36 yrs.

13. Birthplace

Missouri

(City or town)

(State or foreign country)

14. Exact Occupation

Ranchman

15. Industry or Business

Ranchman

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Jackson

17. Color or Race

White

18. Age at time of THIS birth 25 yrs.

19. Birthplace

Missouri

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 10 P. M. on the date 5/19/42

and at the place stated above, and that personal particulars were furnished by Mrs Alice Riggs, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature

Mrs Alice Riggs

M.D. Midwife

Address Emmett Ida

Date 5/19/42

State of.....ss. County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

(First name)

(Last name)

who attended this birth.....I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL)

J. A. Burdell

Notary Public, residing at Emmett Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 25 1942

by

Mary Elder

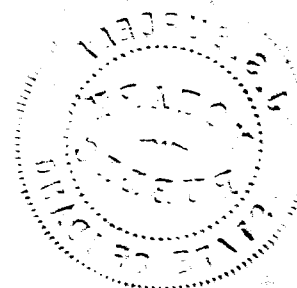
Registrar.

MAY 25 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-212-220-463

347765

347765

United States
Department of Commerce
Bureau of the Census

JUN 12 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Atlanta
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None, child born at home of mother
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Atlanta
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Atlanta, Idaho

4. FULL NAME OF CHILD Carrie Ella Wootan

5. Date of Birth of Child
(Month, day, year) Apr. 12, 1880

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Evan Wootan
11. Color White **12. Age at time** 35 yrs.
or Race White of THIS birth
13. Birthplace near Ridott, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Motsuff
17. Color White **18. Age at time** 33 yrs.
or Race White of THIS birth
19. Birthplace Near Freeport, Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 62 years, and that Mrs. Mahan, who attended this birth now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada P. Brown Signature
1702 N. 16th Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) [Signature] Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

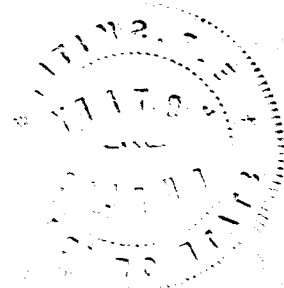
Received for filing on JUN 12 1942 by Mary E. Eder, Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Received for filing on **JUN 17 1942** by *[Signature]* Dec. 3, 1942 Registrar

JUN 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 6 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, Idaho

5. Date of Birth of Child
(Month, day, year) 4-19-1880

4. FULL NAME OF CHILD Cecelia Jane Ritchie

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Ritchie
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Canada
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecelia Burwash
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 61 years, and that Or Zipp who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Williamson Lee Signature
P. O. Address

Subscribed and sworn to before me this 16 day of June, 19 48
(SEAL) M. J. Eder Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary Eder Registrar.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-231 029 412

350332

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Dakota</u> (b) City <u>Julesburg</u> (c) Street Address or R.F.D. No. <u>170</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Dakota</u> (b) County <u>Dakota</u> (c) City <u>Julesburg</u> (d) Street Address or R.F.D. No. <u>170</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Iona Albenetta Taylor</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 31, 1880</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>NO</u> 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John W. Taylor</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28 1/2</u> yrs. 13. Birthplace <u>State of Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>1</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Charlotte Mason</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24 1/2</u> yrs. 19. Birthplace <u>State of Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>11</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Boise **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that William, who attended this birth unknown I further state that (Is now deceased) or (Cannot be located)
 (First name) (Last name)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roseetta Taylor Bellmet Signature
Lawrence Taylor P. O. Address

Subscribed and sworn to before me this 31 day of June, 19 37
 (SEAL) [Signature] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) [Signature]

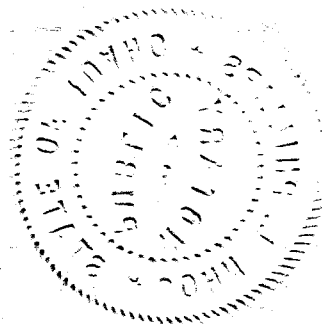
Received for filing on JUL 1 1937 by May 1937, Registrar.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385-0112036-753

351226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at our home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4.0 yrs.

4. FULL NAME OF CHILD

Alice Theus

5. Date of Birth of Child

(Month, day, year) Aug 11-1880

6. Sex

female

7. Twin or Triplet

If so—born
1st 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

William B. Theus

11. Color

white

12. Age at time

or Race white of THIS birth 32 yrs.

13. Birthplace

Salisbury - Illinois

14. Exact Occupation

deceased

15. Industry or Business

deceased

MOTHER OF CHILD

16. FULL MAIDEN NAME

Amelia Eliza Peck

17. Color

white

18. Age at time

or Race white of THIS birth 22 yrs.

19. Birthplace

Idaho

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

don't know

23. Number of children of this mother: (a) At time of birth and including this child 22 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....Washington.....ss.
County of.....Spokane.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4 above, that I am now.....84.....years of age, that I have known this person for.....61.....years, and that

Amelia E. Theus....., who attended this birth.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia E. Theus.....Signature
W. 1904 Gardner Av. Spokane, Washington.....Address

Subscribed and sworn to before me this.....13th.....day of.....July....., 1942

(SEAL)

Notary Public, residing at.....Spokane, Wash.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....JUL 16 1942.....

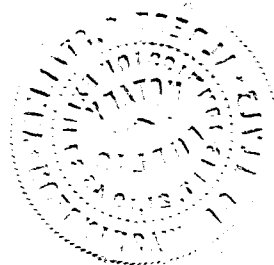
by.....Marl E. Fisher....., Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437 123 029-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

352923
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>R. 7. D.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>R. 7. D.</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
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4. FULL NAME OF CHILD <u>Henry Victor Mc Gregor</u>		5. Date of Birth of Child (Month, day, year) <u>Apr 23 / 80</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Mc Gregor</u>	16. FULL MAIDEN NAME <u>Thyrza Collins</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>42</u> yrs.	18. Age at time of THIS birth <u>38</u> yrs.		
13. Birthplace <u>Charlottesville, Va. - Canada</u> (City or town) (State or foreign country)	19. Birthplace <u>Moscow Co - Indiana</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... **M.D.**..... **Address**..... **Date**.....
Midwife

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Latah } in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 62 years, and that
Mary M Collins, who attended this birth. deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ira L. Ransom Signature
326 E. 6th St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of July, 19 42.

(SEAL) HARRY A. THATCHER, Ex-Officio Auditor and Recorder
Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) By Jose E. Dawson Deputy Registrar.

Received for filing on JUL 30 1942 by Mary E. Lefert

239975
AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855 725 044-864

355031

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Idaho
5. Date of Birth of Child
(Month, day, year) Sept. 25, 1880

4. FULL NAME OF CHILD Frederick Sylvester Henderson
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? yes.

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Nathaniel Washington Henderson 16. FULL MAIDEN NAME Matilda Angeline Young
11. Color White 12. Age at time of THIS birth 34 yrs. 17. Color White 18. Age at time of THIS birth 30 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country) 19. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 61 years, and that Mr. Charles Sheppard (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Alexander Henderson Signature
John W. Oregon P. O. Address
Subscribed and sworn to before me this 19th day of August 1942
(SEAL) Notary Public, residing at John W. Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

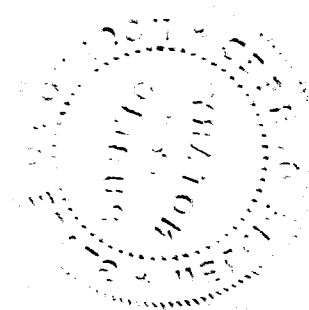
Received for filing on AUG 24 1942 by Mary E. Sheppard Registrar.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355471**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Grangeville on farm
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 Yr 9-mo yrs.
3. **RESIDENCE OF FATHER** (city, state) same place

4. **FULL NAME OF CHILD** James Henry Rice

5. Date of Birth of Child
(Month, day, year) March 31, 1880

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles Lewis Rice
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Portland (City or town) (State or foreign country) Oregon
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Marguerite Sophia McCready
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Mariposa California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wash. } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Asotin }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 61 years, and that J.B. Morris who attended this birth is not living I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Julia S. Odle Signature

734 Tenth St Clarkston Clarkston, Washington Address

Subscribed and sworn to before me this 27th day of August, 19 42

(SEAL) Clarence H. Hahne Notary Public, residing at Clarkston Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mabel E. Fisher Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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355530

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Middleton</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>7</u> months <u>9</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Middleton</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Berry V Givens</u>		3. RESIDENCE OF FATHER (city, state) <u>Middleton Ida</u> 5. Date of Birth of Child (Month, day, year) <u>Dec. 24-1880</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Milford Robert Givens</u>		16. FULL MAIDEN NAME <u>Mattie Susan Shirley</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>30</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Springfield, Indiana</u> (City or town) (State or foreign country)		19. Birthplace <u>Richmond, Mo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** **Date**

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....84.....years of age, that I have known this person for.....61.....years, and that Melissa Marstler who attended this birth.....is now deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[Signature] Signature
P. O. Address
Subscribed and sworn to before me this.....day of.....1942
(SEAL) Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated)

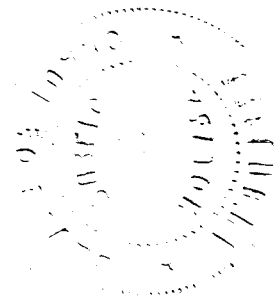
Received for filing on SEP 5 1942 by [Signature] Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 796-105-00-551

355688

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>New Plymouth</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>New Plymouth</u> (d) Street Address or R.F.D. No. <u>R.F.D. 1</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Jessie Andrew Graves</u>		5. Date of Birth of Child (Month, day, year) <u>6/5/1942</u>	
6. Sex <u>MALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Groves</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Chisham, Buck - England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amanda Neal</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Fayetteville, Arkansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of Idaho County of Fayette } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 62 years, and that Malissa Neal is deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Sarah M. Portlock New Plymouth, Idaho. P. O. Address

Subscribed and sworn to before me this 19 day of August, 1942.
 (SEAL) Emma Hatfield Notary Public, residing at New Plymouth
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Paul E. Phillips Registrar.

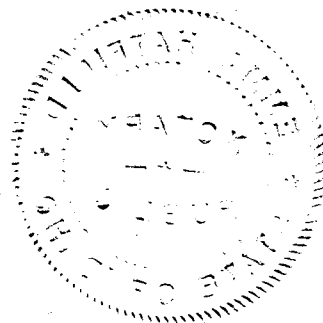
SEP 10 1942

APR 21 2000

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

846-105001-279

United States
Department of Commerce
Bureau of the Census

SEP 14 1942

(By signing the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355858**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Boise Idaho</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>six</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>6 mos.</u> yrs.	
4. FULL NAME OF CHILD <u>Elijah Huffman</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Feb. 5 1880</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>George H. Huffman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Fanning</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Ann Spiggle</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>45</u> yrs. 19. Birthplace <u>Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>Two</u> (b) Born alive and now living <u>Two</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 63 years, and that Deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catura Huffman Turner Signature
P. O. Address
Subscribed and sworn to before me this 10th day of Sept, 1942
(SEAL) Boise Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

Received for filing on SEP 14 1942 by Marj S. Blaine Registrar.

SEP 15 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-208-003-296

357540

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Stockton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: 4 years 4 months 4 days
IN **THIS** county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Stockton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stockton Id

4. **FULL NAME OF CHILD** Laura Theresa Potter
5. Date of Birth of Child (Month, day, year) March 8, 1880
6. Sex female 7. Twin or Triplet X If so—born X 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Benjamin Franklin Potter
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming-livestock raising

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Amelia Ann Brown
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Scranton, Penna. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bannock } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 62 years, and that Mrs. Betsy Clemmens who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna McGinnis Signature
Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of September, 1942.

(SEAL)

W. H. K. K. K. Notary Public, residing at Lava Hot Springs
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Marj E. K. K. Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-1220018/3

360153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>9</u> months <u>12</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>19-22</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Star Idaho</u>		

4. FULL NAME OF CHILD <u>Elijah Thomas Whitlock</u>	5. Date of Birth of Child (Month, day, year) <u>May 22-1886</u>
6. Sex <u>Male</u> <u>Twin or Triplet</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Jefferson Whitlock</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Frances Ellen Hall</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>43</u> yrs.	13. Birthplace (City or town) <u>Near Springfield mo.</u> (State or foreign country)	18. Age at time of THIS birth <u>25</u> yrs.	19. Birthplace (City or town) <u>Los Angeles California</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business	20. Exact Occupation <u>House wife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ventura

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 60 years, and that Sarah Bass (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annny Agura Doehl Signature
186 So Pacific Ave Ventura Calif. P. O. Address
Subscribed and sworn to before me this 15 day of November 1942
(SEAL) My Commission Expires April 29, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code annotated.) Notary Public, residing at Ventura Calif.

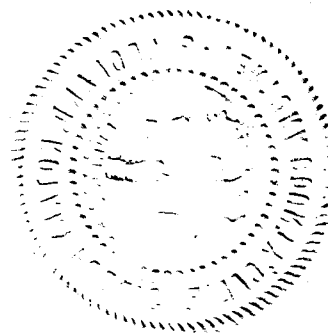
Received for filing on NOV. 17 1942 by Mabel E. L... Registrar.

NOV 18 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



595-109-036-52

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361993**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ONEIDA</u> (b) City <u>ELCORN</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ONEIDA</u> (c) City <u>ELCORN</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>30</u> yrs.	
4. FULL NAME OF CHILD <u>JOSEPH - no middle - NIEFFENEGGER</u>		5. Date of Birth of Child (Month, day, year) <u>AUGUST 9, 1980</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>GODLIP NIEFFENEGGER</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>SWITZERLAND</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>ESTHER NESSER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>42</u> yrs. 19. Birthplace <u>HOLLAND</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date at and at the place stated above, and that personal particulars were furnished by Esther Nieffenegger, who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of Idaho County of Oneida } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the relative of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 62 years, and that Mary Stuart who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

E. E. Richardson Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of December, 1942

(SEAL) J. H. Ray Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Malad E. E. Richardson Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367 104001 465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

363720
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Leonard Louis Copeland

5. Date of Birth of Child
(Month, day, year) 2/4/1880

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Louis Copeland</u>	16. FULL MAIDEN NAME <u>Sarah Donovan</u>	17. Color <u>white</u> or Race <u>white</u>	18. Age at time of THIS birth <u>28</u> yrs.
11. Birthplace <u>Independence Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>St Louis Missouri</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Blacksmith</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>35</u> yrs.		22. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Blaine } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 63 years, and that the doctor and nurse who attended this birth is either deceased or not located (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Nelson Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of January, 19 43
(SEAL) G. W. Morgan Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel E. Nelson Registrar.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

365575
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

4. **FULL NAME OF CHILD** Nellie May Fisher
5. Date of Birth of Child April 22, 1880
(Month, day, year)

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stanton Gilbert Fisher
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Chaumont, N. Y.
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Adelaide Peck
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Green County, N. Y.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Ellis, who is related to this child as Aunt
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for since birth years, and that Dr. Peterson, who attended this birth, cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mary Ellis
P. O. Address 1512 Madison Ave San Diego Calif.
Subscribed and sworn to before me this 15th day of January, 1943
(SEAL) Dr. Peterson Notary Public, residing at San Diego Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

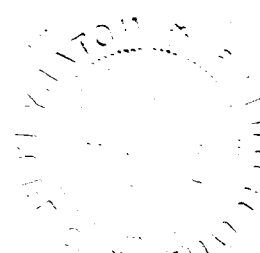
Received for filing on FEB 1 1943 by Mary J. Fisher, Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-23-044-693

365912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>20</u> years -- months -- days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bloomington</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Elizabeth Esther Bateman</u>		3. RESIDENCE OF FATHER (city, state) <u>Bloomington, Idaho.</u>	

6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>Nine</u>	5. Date of Birth of Child (Month, day, year) <u>April 13, 1880</u>	9. Legitimate? <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Bateman</u>	16. FULL MAIDEN NAME <u>Anna Wilks</u>	17. Color or Race <u>Caucasian</u>	18. Age at time of THIS birth <u>30</u> yrs.
11. Birthplace <u>Stifford</u> (City or town)	12. Age at time of THIS birth <u>30</u> yrs. <u>England</u> (State or foreign country)	19. Birthplace <u>Stifford</u> (City or town)	20. Exact Occupation <u>Housewife</u>
13. Exact Occupation <u>Farmer</u>	21. Industry or Business <u>Farming</u>	21. Industry or Business <u>Farming</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am the older brother of the person whose name appears in Item 4, above, that I am now seventy one years of age, that I have known this person for 62 years, and that Sarah Greenhalgh is now deceased. I further state that Sarah Greenhalgh who attended this birth
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Fred E. Bateman Signature
NOTARY PUBLIC, MONTPELIER, IDAHO
MY COMMISSION EXPIRES DECEMBER 15, 1945

Subscribed and sworn to before me this 2 day of February, 19 43.
(SEAL) Hen. A. Lund Notary Public, residing at Montpelier, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary E. Elder Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313 220 035-225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **367356**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City near Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at father and mother's home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Martha Tallant
5. Date of Birth of Child Dec 20
(Month, day, year) 1880
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

- FATHER OF CHILD**
10. **FULL NAME** Nathan Tallant
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace United States
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming & Stock Raising
- MOTHER OF CHILD** SKEELS
16. **FULL MAIDEN NAME** Rachael Tallant
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace United States
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho County of Nez Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for over 60 years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this Dec 22 day of Dec, 1982
(SEAL) John F. Phillips Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature O. T. Stranahan P. O. Address Lewiston, Idaho

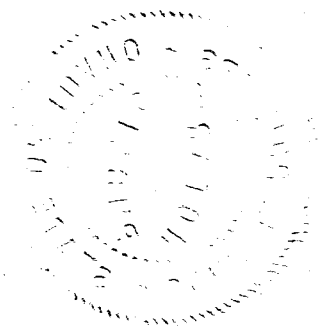
- Received for filing on DEC 18 1942 by Mary H. Elder, Registrar

MAR 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



367857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kilgore (b) City Mt. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Covered Wagon
(e) Mother's stay BEFORE delivery:
IN THIS county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kilgore
(c) City Mt. Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home, Idaho**4. FULL NAME OF CHILD** Neil William Hanson

5. Date of Birth of Child
(Month, day, year) June 10-1880

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Neils Hanson
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MATILDA Johnson
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... 1 (b) Born alive and now living..... 1**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by ELIZA MATHISON, who is
related to this child as..... FRIEND.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of..... Idaho ss.
County of..... Pierce.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

✓ I, the undersigned, being first duly sworn, say that I am the..... FRIEND..... of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now..... 74..... years of age, that I have known this person for..... 63..... years, and that
ELIZA IVERSON....., who attended this birth..... DECEASED..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Eliza Mathison..... Signature
R.F.D. Box 20 Box P. O. Address

Subscribed and sworn to before me this..... 13th day of..... March....., 1943.

(SEAL)

Chas. T. Dodge..... Notary Public, residing at..... Raymer

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on..... MAR 20 1943..... by..... Mary E. Elder....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

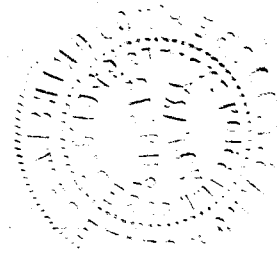
815-110-020-168

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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355 205029 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **371126**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Mascow
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Mascow
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ralda Emmaline Lee
5. Date of Birth of Child
(Month, day, year) March 5, 1880
6. Sex Female 7. Twin or Triplet one If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** David (o.n. o.) Lee
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Crocker Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sarah (o. N.C.) Johnson
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Crocker Mo.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that **personal** particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of California } ss.
County of San Bernardino }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for March, 5, 1880 years, and that
no doctor or midwife who attended this birth do not know I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 9 day of April, 1943
(SEAL) Theodore J. ... Notary Public, residing at San Bernardino, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1943 by ... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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618 120 036 295

374406

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Harry Octavius Waylett</u>		3. RESIDENCE OF FATHER (city, state) <u>Malad, Idaho</u>	

6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
5. Date of Birth of Child (Month, day, year) <u>Oct. 20, 1880</u>			

FATHER OF CHILD

10. FULL NAME George Dowsett Waylett

11. Color or Race White **12. Age at time of THIS birth** 50 yrs.

13. Birthplace Hawkwell, Essex, England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Annie King

17. Color or Race White **18. Age at time of THIS birth** 42 yrs.

19. Birthplace Hockley, Essex, England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

State of Montana } ss.
County of Beaverhead }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 63 years, and that _____, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Harbert K. Waylett - Signature
Hamilton Montana P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1943

(SEAL) Clayde Hayden, Notary Public, residing at Hamilton Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 - 1943 by Mary E. Eder, Registrar.

RECEIVED
JUL 1 1906
JUL 1 1906

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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269-111-003-289

375933

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Redrock
(c) Street Address or R.F.D. No. form
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Redrock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? About 2 yrs.

4. **FULL NAME OF CHILD** Lawrence L Sorensen

5. Date of Birth of Child
(Month, day, year) Sept. 11, 1920

6. Sex male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Julius Sorensen
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Sjælland (City or town) (State or foreign country) Denmark
14. Exact Occupation Farmer and miner
15. Industry or Business forming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elexibetham Bryington
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Richmond (City or town) (State or foreign country) Utah
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Wife of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 70 years of age, that I have known this person for 63 years, and that
Nancy M. Bryington who attended this birth is now deceased
(First name) (Last name) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Bryington Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 7th day of August, 1920
(SEAL) F. B. Tydemann Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

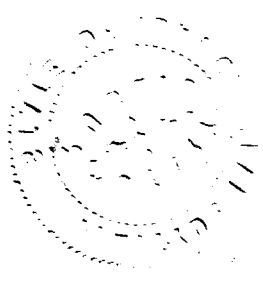
Received for filing on AUG 10 1943 by M. J. E. E. E. Registrar.

769330
AUG 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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564-126-004-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377501**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD

James David Young

5. Date of Birth of Child Idaho.
(Month, day, year) 8/26/1880

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David D. Young,
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Maries, Canada.
(City or town) (State or foreign country)
14. Exact Occupation Fireman on Railroad.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Camp Campbell
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace North Ogden, Utah.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of IDAHO
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the close friend of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all his life. and that Frances Bridges, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. That I was intimately acquainted with the family and saw this child at birth.

Subscribed and sworn to before me this 3rd day of September, 1943.

(SEAL)

Notary Public, residing at Montpelier,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho.

Received for filing on

SEP 15 1943

by

Maude Helder

SEP 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142-108 025-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **378871**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

4. FULL NAME OF CHILD

Henry Elijah Gaskison

5. Date of Birth of Child

(Month, day, year) June 8-1880

6. Sex

Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John R. Gaskison

11. Color or Race

White

12. Age at time of THIS birth 30 yrs.

13. Birthplace

Illinois
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

-

MOTHER OF CHILD

16. FULL MAIDEN NAME

Harriett S. Brown

17. Color or Race

White

18. Age at time of THIS birth 22 yrs.

19. Birthplace

Oregon
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

-

22. Name prophylactic used to prevent Ophthalmia Neonatorum. X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature

M.D. Address Date
Midwife

State of Idaho } ss.
County of Idaho

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 63 years, and that Dr. John B. Morris who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett S. Gaskison Signature
Grangerville, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of September, 1943

(SEAL)

H. Rothwell

Notary Public, residing at Grangerville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

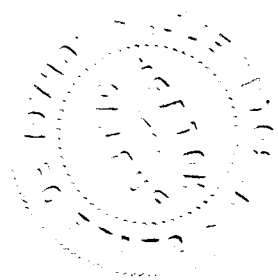
Received for filing on SEP 28 1943 by Marj Helder Registrar.

SEP 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-164 003-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Robert Jesse Henderson

5. Date of Birth of Child 8-14-1880
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Henderson
11. Color or Race white 12. Age at time of THIS birth yrs.
13. Birthplace Scotland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Pearson
17. Color or Race white 18. Age at time of THIS birth yrs.
19. Birthplace Farmington, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Utah } ss.
County of Weber

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now seventy years of age, that I have known this person for lifetime years, and that
(no doctor) (First name) (Last name) who attended this birth. I further
(First name) (Last name) (If now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 21st day of October, 1943
(SEAL) Josephine Priddy Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature V. Mary G. Allen
P. O. Address 182 W - 12th St Ogden Utah

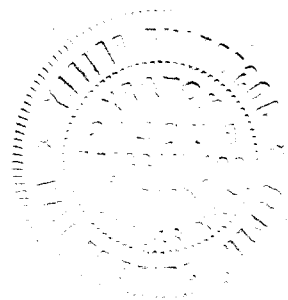
Received for filing on NOV 2 1943 by Mary F. Elden Registrar.

NOV 2 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-217,001-445

381865

381865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Ada</u>	(b) City <u>Boise</u>	(a) State <u>Idaho</u>	(b) County <u>Ada</u>
(c) Street Address or R.F.D. No. <u>Boise Valley</u>		(c) City <u>Boise</u>	
(d) Name of Hospital or Maternity Home: <u>Parents home</u>		(d) Street Address or R.F.D. No. <u>Boise Valley</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years months days		(e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	

4. FULL NAME OF CHILD <u>Lottie Bell Miller</u>	5. Date of Birth of Child (Month, day, year) <u>Sept. 17, 1880</u>
6. Sex <u>female</u>	8. No. months of Pregnancy <u>nine</u>
7. Twin or Triplet	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John P. Miller</u>	16. FULL MAIDEN NAME <u>Mary Isabell Dunlap</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
11. Birthplace <u>Switzerland</u> (City or town) (State or foreign country)	19. Birthplace <u>Boise</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>39</u> yrs.			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)

who is related as
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)

above, that I am now 75 years of age, that I have known this person for life years, and that
(First name) (Last name) who attended this birth deceased I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Mattie C. Rinegar Signature
1408 N. 9th P.O. Address

Subscribed and sworn to before me this 9th day of December, 1943
(SEAL) Pauline Carlrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/9/43 **DEC 8** 1943 by Mabel H. Liden Registrar.

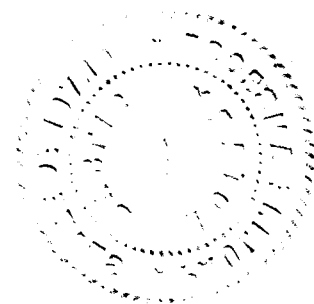
1911

6 DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



763-131 008-612

383272

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county years months days

4. FULL NAME OF CHILD

John Willard Potter

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Charles Franklin Potter11. Color White 12. Age at time of THIS birth 23 yrs.13. Birthplace Springville Utah
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Farmer

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 70 yrs.3. RESIDENCE OF FATHER (city, state) Downey, Idaho5. Date of Birth of Child
(Month, day, year) Jan. 31, 18808. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Finis Abigail Wakeley17. Color White 18. Age at time of THIS birth 17 yrs.19. Birthplace Perry Utah
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Bannock ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 80 years of age, that I have known this person for 64 years, and that

Elena (First name) Wakeley (Last name) who attended this birth is deceased I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Potter Signature
Law 1400 Springs, Ida. P. O. Address

Subscribed and sworn to before me this 6th day of January, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1944 by John W. Potter Registrar.

John W. Potter
Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

JAN 1 1 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** James, Copeland,
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child (Month, day, year) 8-26- 1880

FATHER OF CHILD
10. **FULL NAME** James Copeland
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace XXX, Alabama
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida, Kesler,
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace West Virginia
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Adams

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
Letta Winkler, who attended this birth deceased, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 18 day of March 1944
(SEAL) Robert Young Notary Public, residing at Council Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1944 by Mary Holder Registrar.

386032

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-211 025-381

389008

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Idaho</u>	(b) City <u>Grangeville</u>	(a) State <u>Idaho</u>	(b) County <u>Idaho</u>
(c) Street Address or R.F.D. No.		(c) City <u>Grangeville</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years months days		(e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	

4. FULL NAME OF CHILD <u>Mattie Crooks</u>	5. Date of Birth of Child (Month, day, year) <u>April 11, 1880</u>
6. Sex <u>Female</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>Jacob Crooks</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Boone County, Missouri</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Rancher</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Victoria Smith Chamberlin</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>26</u> yrs.
19. Birthplace <u>Posey County, Indiana</u> (City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>8</u> (<u>4</u> now living)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
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State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 64 years, and that Martha Crooks (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Crooks Bantz Signature
Whitebird, Idaho P.O. Address

Subscribed and sworn to before me this 9 day of May, 1944
(SEAL) W. J. Limer Notary Public, residing at Grangeville Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1944 by Mary Elder Registrar.

200088
MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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MAY 17 1944

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390361

390361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

<p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>Elmore</u> (b) City <u>Atlanta</u></p> <p>(c) Street Address or R.F.D. No. <u>None</u></p> <p>(d) Name of Hospital or Maternity Home: <u>None</u></p> <p>(e) Mothers stay BEFORE delivery: In THIS county <u>Several</u> years months days</p>		<p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Elmore</u></p> <p>(c) City <u>Atlanta</u></p> <p>(d) Street Address or R.F.D. No. <u>None</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>Several</u> yrs.</p>	
<p>4. FULL NAME OF CHILD <u>WILLIAM CLYDE BUTLER</u></p>		<p>3. RESIDENCE OF FATHER (city, state) <u>Atlanta, Idaho</u></p> <p>5. Date of Birth of Child (Month, day, year) <u>May 21 1880</u></p>	
<p>6. Sex <u>Male</u></p>	<p>7. Twin or Triplet <u>---</u></p>	<p>If so—born 1st, 2nd, 3rd <u>---</u></p>	<p>8. No. months of Pregnancy <u>---</u></p>
<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>William Henry Butler</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>27</u> yrs.</p> <p>13. Birthplace <u>Kentucky</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Merchant</u></p> <p>15. Industry or Business <u>General store</u></p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Elizabeth Jane Yount</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>20</u> yrs.</p> <p>19. Birthplace <u>Missouri</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business <u>Housewife</u></p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum.....</p>			
<p>23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....</p>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)

who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the no relative of the person whose name appears in Item 4,
(Mother, etc.) above, that I am now 84 years of age, that I have known this person for 58 years, and that
a person unknown to me, who attended this birth, is believed deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 26th day of June 1944
(SEAL) Notary Public, Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1944 by Mabel H. H. H. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county One years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? One yrs.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Clarence Walter Gilstrap
5. Date of Birth of Child (Month, day, year) Jan. 9, 1880
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>John Wesley Gilstrap</u> | 16. FULL MAIDEN NAME <u>Susan Holden</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>35</u> yrs. |
| 11. Birthplace <u>Neosho, Missouri</u>
(City or town) (State or foreign country) | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>18</u> yrs. | 19. Birthplace <u>Nephi City, Utah</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>farmer and carpenter</u> | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u>farming</u> | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)
25. Attendant's **OWN** signature Oregon M.D. Midwife Address State of Date ss.

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 64 years, and that the physician who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Signature Lurana Buchanan
P. O. Address 6419 PE 8904 Portland Or
Subscribed and sworn to before me this 27 day of June, 19 44
(SEAL) John C. Leach, Notary Public, residing at Portland Or,
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

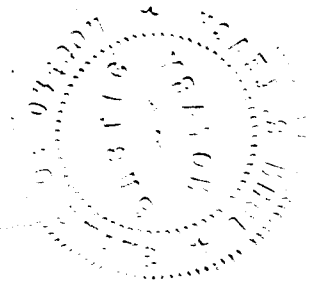
Received for filing on JUL 6 1944 by John C. Leach, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JUL 8 1944



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

392821
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No 3 mile no. 17 mosco
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No 3 mile no. moscow
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD William Henry Kramer
7. Twin or Triplet
8. Sex male If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) July 22-1940
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Gaston Edward Kramer
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Springfield Ill. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lucille Nichols
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Portland Oregon (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....(First name) (Last name)
(Mother, etc.)

25. Attendant's signature M.D. Address Date
OWN signature Midwife

State of California ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 91 years of age, that I have known this person for.....years, and that
Neighbor (name unknown) who attended this birth. cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 22nd day of July, 1940.
(SEAL) Marie Agnes Brown, Notary Public, residing at Los Angeles 3 Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 25, 1944

Received for filing on JUL 25 1944 by Mabel Elder, Registrar.

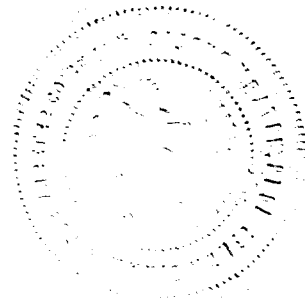
JUL 8 1944

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

546 208030-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **392844**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>29</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel Edwards</u>		3. RESIDENCE OF FATHER (city, state) <u>Salmon, Idaho</u>	
6. Sex <u>Female</u> 7. Twin or Triplet 10. FULL NAME <u>Edgar Samuel Edwards</u>		5. Date of Birth of Child (Month, day, year) <u>July 8, 1880</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Buffalo</u> <u>N. Y.</u> (City or town) (State or foreign country) 14. Exact Occupation 15. Industry or Business <u>Hotel</u>		16. FULL MAIDEN NAME <u>Susan F. Cox</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Jackson County</u> <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at unknown M. on the date July 8, 1880 and at the place stated above, and that personal particulars were furnished by Edgar Samuel Edwards (First name) Edwards (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Edgar Samuel Edwards **M.D.** Edgar Samuel Edwards **Address** Salmon, Idaho **Date** July 8, 1880

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 64 years, and that Dr. George A. Kinny (First name) Kinny (Last name), who attended this birth Now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edgar Samuel Edwards Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 17th day of JULY, 1944.
(SEAL) Maunni C. Morris Notary Public, residing at SALMON, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by Mabel Elder Registrar.

JUN 9 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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595-113-020-759

394318

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Lemhi (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county 1 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Lemhi
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Seventy yrs
(f) Mother's mailing address Birch Creek
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Vreeland 5. Date of Birth (Month, day year) June 13, 1880
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Henry Vreeland 16. FULL MAIDEN NAME Eliza Perry
11. Color white or Race 12. Age at time of THIS birth 34 yrs. 17. Color white or Race 18. Age at time of THIS birth 30 yrs.
13. Birthplace New Jersey (City or town) (State or foreign country) 19. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Stage Driver 20. Exact Occupation House wife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as. (First name) (Last name)

26. (a) AUG 21 1944 (Date received) (b) (Mother, etc.) Registrar's signature
27. Given name added on by Registrar's signature 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Lemhi }

I, Margaret McRea, being first duly sworn, say that I am Related to William Vreeland as Sister, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hobbs, who attended said birth, is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of August, 1944 (SEAL) W. W. Simmonds Notary Public, residing at xxx Clerk of the District Court . Margaret M. McRea Signature Leadore, Idaho P. O. Address

FEB 18 1957

AUG 25 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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690-110-021-695

394338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Preston Idaho</u> (c) Street Address or R.F.D. No. <u>no street number</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>38</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Preston Idaho</u> (d) Street Address or R.F.D. No. <u>no street address</u> (e) How long has MOTHER lived in Idaho? <u>about 8</u> yrs	
4. FULL NAME OF CHILD <u>James Alford Winn</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 10 1880</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born <u>Jan 10 1880</u> 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Nephi Winn</u>	16. FULL MAIDEN NAME <u>Angeline Thomas Winn</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>26</u> yrs.	18. Age at time of THIS birth <u>23</u> yrs.		
13. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Teamster or Driver</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Working for self</u>	21. Industry or Business <u>Self</u>		
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above that I am now 68 years of age, that I have known this person for 64 years, and that Mollie (First name) Thomas (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of August, 19 44
(SEAL) Commissioner W. H. H. H. H. Notary Public, residing at Walton Hotel Salt Lake, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

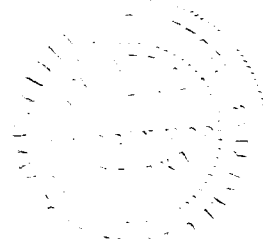
Received for filing on AUG 23 1944 by Mabel H. H. H. Registrar.

Aug 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-228-236-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **394417**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state Malad, Idaho)

5. Date of Birth of Child
(Month, day, year) Sept. 28, 1880

4. FULL NAME OF CHILD Mary Ann Richards

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edmund T Richards
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Wales England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann John
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Wales England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of ONEIDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 60 years, and that ELIZA PRICE WILLIAMS, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Morgan Signature
MALAD, IDAHO P. O. Address

Subscribed and sworn to before me this 28 day of August, 1944

(SEAL)

John H. McAllister Notary Public, residing at MALAD, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on SEP 5 1944 by Malad Holder, Registrar.

814406

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

624-216-004-843

394463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bloomington</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Alice Maud Osmond</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 16, 1880</u>	
6. Sex <u>Girl</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
10. FULL NAME <u>George Osmond</u>		16. FULL MAIDEN NAME <u>Georgina Huckvale</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>43</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>44</u> yrs.
13. Birthplace <u>London, England</u> (City or town) (State or foreign country)		19. Birthplace <u>Oxford England</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 79 years of age, that I have known this person for 60 years, and that
Nellie Hart who attended this birth deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nellie Hart Signature
Bloomington, Idaho P. O. Address
Subscribed and sworn to before me this 5 day of September 1944
(SEAL) Sam C. Blanks Clerk, District Court
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at

Received for filing on SEP 11 1944 by Mabel Elder Registrar.

SEP 25 1944

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

271 122 016 175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **396997**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Cassia** (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:

In THIS county **1** years **3** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Cassia**
(c) City _____

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? **1 1/2** yrs.

4. FULL NAME OF CHILD **Ernest Edgar Sparks**

5. Date of Birth of Child
(Month, day, year) **9 22 1880**

6. Sex **Male** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Hugh Andrew Sparks**

11. Color or Race **White** 12. Age at time of THIS birth **37** yrs.

13. Birthplace **Wilks-Co North Carolina**
(City or town) (State or foreign country)

14. Exact Occupation **Farming**

15. Industry or Business **Farmer**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Catherine Agnew**

17. Color or Race **White** 18. Age at time of THIS birth **37** yrs.

19. Birthplace **Floyd Co Virginia**
(City or town) (State or foreign country)

20. Exact Occupation **House wife**

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **8** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____ Midwife _____

State of **Idaho** } ss.
County of **Valley** }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **67** years of age, that I have known this person for **all my life** years, and that

_____, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha K. Bennett Signature
W. G. Bennett P. O. Address _____

Subscribed and sworn to before me this **10** day of **Oct**, 19**44**

(SEAL)

Hermon H. White Notary Public, residing at **Oneida**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

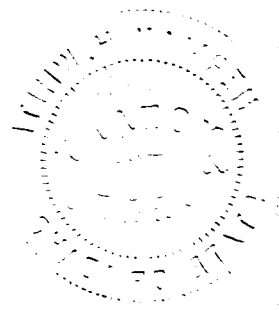
Received for filing on **NOV 4 1944** by **Maude H. Hester** Registrar.

NOV 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

695-110-037-453

398238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No. _____
(☒) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Silver City Idaho
4. **FULL NAME OF CHILD** T HOMAS DANIEL WINCHESTER
5. **Date of Birth of Child** Idaho
(Month, day, year) Jan. 10, 1880
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes.

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|---|
| 10. FULL NAME <u>George D. Winchester</u> | 16. FULL MAIDEN NAME <u>Ann Metcalf</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>40</u> yrs. | 18. Age at time of THIS birth <u>24</u> yrs. |
| 13. Birthplace <u>Ypsilanti, Michigan</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Des Moines, Iowa</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Laborer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business _____ | 21. Industry or Business _____ | | |
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Idaho } ss.
County of Owyhee }
- I, the undersigned, being first duly sworn, say that I am the no relation of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 65 years, and that Hilda Lindberg who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
- under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

no relation of the person whose name appears (Mother, etc.)

65 years, and that Hilda Lindberg who attended this birth is now deceased I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

Elizabeth W. Wallinger Signature

Murphy, Idaho P. O. Address

November 27th 1944

Milo Adelsen Notary Public, residing at Murphy, Ida.

Milo Adelsen Registrar

Received for filing on DEC 4 - 1944 by _____

Subscribed and sworn to before me this _____ day of _____

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DEC 6 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915-205-228-268
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

399601
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Footnei (b) City RATHDRUM
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county / years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Footnei
(c) City RATHDRUM
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Nelle Rankin 5. Date of Birth of Child
(Month, day, year) Sept. 5 - 1880

6 Sex Female 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd ☒ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** James Thomas Rankin
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Athens-Menard Co - Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ☒

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Julia Boyd
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Athens-Menard Co - Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ☒

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Montana } ss.
County of Yellowstone }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life 64 years, and that Mrs. Mulkins (midwife), who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Arthur L. Rankin Signature
PO Box 1178 - Billings Montana P. O. Address
Subscribed and sworn to before me this 5th day of December 1944
(SEAL) Edwin A. Wright Notary Public, residing at Billings Mont
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1945 by Marie Field Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-222-030-349
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **401013**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years <u>6</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State _____ (b) County _____ (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6</u> Months	
4. FULL NAME OF CHILD <u>Elizabeth Ann Fowler</u>		5. Date of Birth of Child (Month, day, year) <u>23 Jan 1880</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>Joseph Thomas Fowler</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>St Thomas England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Elizabeth Turner</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Dorchester England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Midwife** _____ **Date** _____

AFFIDAVIT

State of _____ County of _____ ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 65 years, and that Mrs Mary Bennett, who attended this birth is Dead. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this _____ day of Feb, 1945.
(SEAL) William Turner Fowler Notary Public, residing at 1876 Wash Blvd Ogden, UT
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1945 by Mary E. Fisher, Registrar

10000
5961 1 2 834

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

562-107.037-753

401051

401051

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Reynolds,
(c) Street Address or R.F.D. No. Idaho.
(d) Name of Hospital or Maternity Home:
None - born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Reynolds, Idaho.
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Reynolds, Idaho.
4. **FULL NAME OF CHILD** Robert Noble, Jr.
5. Date of Birth of Child
(Month, day, year) 1/7/1880.
6 Sex Male 7. Twin or No No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Robert Noble
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Cumberland, England.
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stock Raiser.
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Peters
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace St. Joseph, Missouri.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Wife of farmer and stock raiser.
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho. } ss. **AFFIDAVIT**
County of Canyon } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 65 years, and that Katherine Peters and a Mrs. Gradner, who attended this birth are deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 6th day of March, 1945.
(SEAL) Charles H. Adcock, Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 - 1945 by Walter H. Fisher, Registrar

10105
MAR 2 1915

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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402098

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- PLACE OF BIRTH** (All items at time of this birth)
 - County Alturas
 - City Atlanta
 - Street Address or R.F.D. No. None
 - Name of Hospital or Maternity Home: None
 - Mothers stay **BEFORE** delivery:
In **THIS** county 7 years -- months -- days
- USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - State Idaho
 - County Alturas
 - City Atlanta
 - Street Address or R.F.D. No. None
 - How long has **MOTHER** lived in Idaho? 7 yrs.
- RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marie Lillian Glenn
5. Date of Birth of Child (Month, day, year) October 30, 1880

6. Sex Female
7. Twin or Triplet No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Constantine Charles Glenn</u>	16. FULL MAIDEN NAME <u>Mary Caroline White</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>38</u> yrs.	18. Age at time of THIS birth <u>32</u> yrs.	13. Birthplace <u>Hillsboro, Ohio</u> (City or town) (State or foreign country)	19. Birthplace <u>Sandusky City, Ohio</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Goldmine Foreman</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Mining</u>	21. Industry or Business <u>Mining</u>

- Name prophylactic used to prevent Ophthalmia Neonatorum.....
- Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of Idaho
County of Ada ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for sixty-four years, and that Lockhart Trimbal Glenn who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name)
(Is now deceased) or (Cannot be located)

Mary Brown - Levers signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of february, 1945
(SEAL) Cur D. Leuler Notary Public, residing at Meridian,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1945 by Mary Holder Registrar.

880304

FEB 26 1945

JAN 25 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in filling this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-227014-397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **402325**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. 1 mi. West of town
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Maggie May Baker
5. **Date of Birth of Child**
(Month, day, year) May 27, 1880
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** James Russell Baker
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Laura Elizabeth Tipton
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Stockton, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

- State of Idaho } ss. **AFFIDAVIT**
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 64 years, and that _____, who attended this birth _____ I further

(First name) (Last name) (Is now deceased or (Cannot be located))
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Laura E. Baker Signature
Caldwell Idaho 210 Cler P. O. Address

Subscribed and sworn to before me this 10th day of March, 1945

(SEAL) _____, Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1945 by Mary H. Baker, Registrar

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-220-035-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **403443**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nezperce (now Latah)</u> City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Grace Lula Colburn</u>		5. Date of Birth of Child (Month, day, year) <u>July 20, 1880</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alfred Colburn</u>		14. FULL MAIDEN NAME <u>Cassandra Whiteaker</u>	
11. Color or Race <u>White</u>		15. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>46</u> yrs.		16. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Lyme, New Hampshire</u> (City or town) (State or foreign country)		17. Birthplace <u>Mayfield, Ky.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Surveyor & Farmer</u>		18. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		19. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of Spokane }
I, the undersigned, being first duly sworn, say that I am the Half-Sister of the person whose name appears in Item 4, above, that I am now 82 1/2 years of age, that I have known this person for 64 1/2 years, and that Mrs. Empson who attended this birth in person I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 7th day of March, 1945.
(SEAL) Howard Russell, Notary Public, residing at Spokane.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

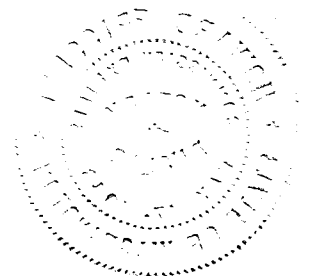
Received for filing on MAR 29 1945 by Mary H. H. H., Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 29 1945



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666 107008-141

403486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 2 1945

State File No. **403486**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 months yrs.

4. FULL NAME OF CHILD William Guy Woodward,

5. Date of Birth of Child
(Month, day, year) February 7, 1880

6 Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Warren G. Woodward
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Schuyler county, New York.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ann Adams,
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Schuyler county, New York.
(City or town) (State or foreign country)
20. Exact Occupation housewife,
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Washington,
County of Whitman, ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for since his birth, years, and that Harriett Adams (grandmother) who attended this birth now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Edna G. Halton Signature
Thornton, Washington, P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 45.

(SEAL)

James P. [Signature] Notary Public, residing at Rosalia, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by John [Signature] Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



437-227-025-437

406038

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Mt Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: same

(e) Mothers stay BEFORE delivery:

In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Mt Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

Isabell Helen McPherson

5. Date of Birth of Child

(Month, day, year) Oct 27 - 1890

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2nd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John McPherson

11. Color or Race

white

12. Age at time

of THIS birth 42 yrs.

13. Birthplace

Montreal, Canada

(City or town)

(State or foreign country)

14. Exact

Occupation

15. Industry or Business

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma J McPherson

17. Color or Race

white

18. Age at time

of THIS birth 32 yrs.

19. Birthplace

Stratford, New Hampshire

(City or town)

(State or foreign country)

20. Exact

Occupation

21. Industry or Business

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2(b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 2 P. M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Emma J McPherson

(First name)

(Last name)

who is related as Mother

(Mother, etc.)

25. Attendant's

OWN signature

Carrie E. Gram

M.D.

Midwife

Address 634 W. Cleveland Date May 28, 1945

State of

Washington ss.

County of

Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 40 years of age, that I have known this person for 65 years, and thatDr J B Morris

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1932 Session Laws.

Carrie E. Gram

Signature

634 W. Cleveland

P. O. Address

Subscribed and sworn to before me this

28 day ofMay, 1945

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 8 1945

by

Mal Helder

Registrar.

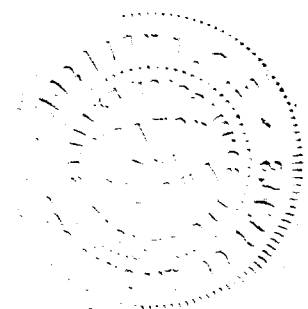
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



385-219. 206-417

406080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>45</u> yrs.	
4. FULL NAME OF CHILD <u>FLORENCE MAUDE CHERRY</u>		5. Date of Birth of Child <u>May 19 1880</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>HYRUM CHERRY</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace _____ (City or town) (State or foreign country) 14. Exact Occupation <u>Cattle man</u> 15. Industry or Business <u>Cattle man</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>LUCINDA DAGER</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>ROCHESTER NEW YORK</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by DELLA B PATTERSON who is related as Aunt
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Della B Patterson Address 2714 So Hoover June 4 1945 Date June 4 1945
Midwife _____
State of _____ ss. 202 AN 90603 CAL AFFIDAVIT
County of _____

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Signature
P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____.
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by MARY FLEDER, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-206036 785
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **407269**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 6 months 2 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Clifton, Idaho

4. **FULL NAME OF CHILD** Almeda Cathrine Taylor
5. Date of Birth of Child
(Month, day, year) June 6, 1880

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Taylor
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Kent England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Candace Almeda Phelps
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Catauba North Carolina
(City or town) (State or foreign country)
20. Exact Occupation House Wite
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 6 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Candace Almeda Taylor
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho County of Bannock } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 83 years of age, that I have known this person for 65 years, and that
who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Candace Almeda Taylor Signature
Bancroft, Idaho P. O. Address
Subscribed and sworn to before me this 2nd day of July, 1945
(SEAL) Willard Ball Notary Public, residing at Bancroft, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

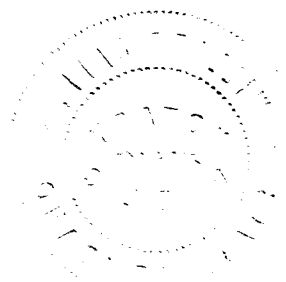
Received for filing on JUL 6 1945 by Mary Elder, Registrar

JUL 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-226001-659

407275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **407275**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>State Street</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>1</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>State Street</u> (e) How long has MOTHER lived in Idaho? <u>1879 to 1928</u> yrs.	
4. FULL NAME OF CHILD <u>Pearl Eva Peed</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 26, 1880</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Oscar Valorous Peed</u>		16. FULL MAIDEN NAME <u>Laura Alice Weiford</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs.	
13. Birthplace <u>Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Deceased</u>		20. Exact Occupation <u>Deceased</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Ada } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Friend since birth of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 64 years, and that Mrs. Records, Midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

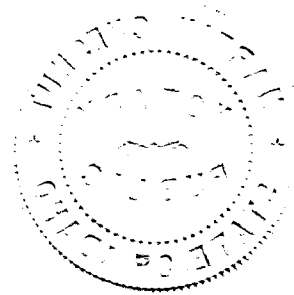
Mrs. Alice S. Flemer Signature
1219 Warren Ave. P. O. Address
Subscribed and sworn to before me this 9th day of July, 1945.
(SEAL) Martin Chesnut Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUL 10 1945 by Mabel Elder, Registrar

JUL 7 1915

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded; or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 102 036-155 (Be sure the information is as of date of birth of THIS child.) 408383 408383

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Richard Jenkins Morse

5. **Date of Birth of Child** (Month, day, year) 12-2-1880

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

10. **FULL NAME** Joseph Morse (Deceased)

11. Color White 12. Age at time of THIS birth? _____ yrs.

13. Birthplace Samaria, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD (Deceased)

16. **FULL MAIDEN NAME** Esther Jenkins

17. Color White 18. Age at time of THIS birth _____ yrs.

19. Birthplace Wales
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Utah } ss. **AFFIDAVIT**
County of Wata } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 64 years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature Evan J. Morse P. O. Address _____
329 1/2 Ave

Subscribed and sworn to before me this 10 day of July 19 45
(SEAL) Henry Keizer Notary Public, residing at Greenleaf
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on JUL 31 1945 by Mary F. Elder, Registrar

1580A

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-227035-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **409573**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County neg Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery:
In THIS county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County neg Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Main St
(e) How long has MOTHER lived in Idaho? 66 yrs.

4. **FULL NAME OF CHILD** Vinnie Pearl White
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho
5. Date of Birth of Child (Month, day, year) May 27 1930
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George Henry White
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Oldtown Maine
(City or town) (State or foreign country)
14. Exact Occupation Riverman
15. Industry or Business logging

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eriline Giffen
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Albany New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss.
County of Spocon }
I, the undersigned, being first duly sworn, say that I am the first cousin of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 65 years, and that Dr. M. A. Kelly who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

(Mother, etc.)

Saunie B. Denny Signature
Opportunity Washington P. O. Address
Washington
Subscribed and sworn to before me this 29 day of August 19 45
(SEAL) Patricia Brewster Notary Public, residing at Spocon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on AUG 31 1945 by Mary Holder Registrar

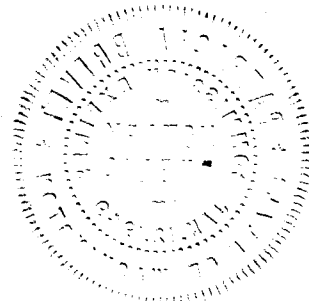
AUG 31 1945

FEB 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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239 220 035 914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

409590

State File No. **409590**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>1634 E main St</u> (d) Name of Hospital or Maternity Home: <u>born at 1634 E main St.</u> (e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years <u>4</u> months — days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>1634 E main St</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Beatrice Marie Kling</u>		5. Date of Birth of Child (Month, day, year) <u>July 20 1880</u>	
6 Sex <u>Female</u>	7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frederick Edward Kling</u>		16. FULL MAIDEN NAME <u>Wilma Rose</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth _____ yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Hutchinson Nebraska</u> (City or town) (State or foreign country)		19. Birthplace <u>Mobile Alabama</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Army Sargent</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Ada }

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 65 years, and that _____ who attended this birth I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of Sept 1945
(SEAL) Notary Public Notary Public, residing at Boise
(Note: - Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1945 by Notary Public, Registrar

022004

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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845-222021-855 409686 100000

(Be sure the information is as of date of birth of THIS child.)

United States
Department of Commerce
Bureau of the Census

AUG 30 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Oxford
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Oxford
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Eva White Hunt

5. **Date of Birth of Child** (Month, day, year) Feb. 22, 1880

6. Sex F. M. 7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hiram Hunt

11. Color or Race White 12. Age at time of THIS birth 68 yrs.

13. Birthplace Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Henderson

17. Color or Race White 18. Age at time of THIS birth _____ yrs.

19. Birthplace Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I was present attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Nala Wheaton (First name) (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address Rigby, Idaho Date June 18, 1945
Midwife _____

State of Oregon County of Clackamas } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 65 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nala Wheaton Signature
Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June 1945
(SEAL) Walter M. Winters Notary Public, residing at Oregon City, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Comm. Ex. 9/18/48)

Received for filing on SEP 14 1945 by Walter Helder Registrar

888004

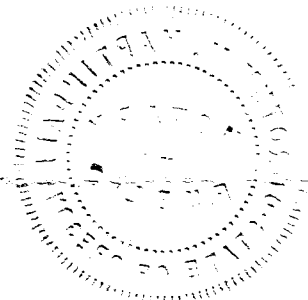
OCT 10 1944

SEP 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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678 109 028 242

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

- | | |
|--|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Kootenai</u> (b) City <u>Benners Ferry</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Kootenai</u>
(c) City <u>Bonnars Ferry</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>15</u> yrs. |
|--|---|

- | | |
|--|--|
| 4. FULL NAME OF CHILD <u>Clarence Millard Fry</u> | 5. Date of Birth of Child
(Month, day, year) <u>May 9, 1880</u> |
|--|--|

- | | | | | |
|--------------------|--------------------|-----------------------------|-------------------------------------|---------------------------|
| 6. Sex <u>Male</u> | 7. Twin or Triplet | If so—born
1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
|--------------------|--------------------|-----------------------------|-------------------------------------|---------------------------|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|--|
| 10. FULL NAME <u>Richard A. Fry</u> | 16. FULL MAIDEN NAME <u>Justina Susticken</u> | 17. Color <u>Indian</u> | 18. Age at time of THIS birth <u>29</u> yrs. |
| 11. Birthplace <u>Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Northport Washington</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>ferry operator</u> | 21. Exact Occupation <u>housewife</u> |
| 22. Industry or Business <u>transportation</u> | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for sixty-five years, and that
the person who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Christine Bunting Signature
Bonnars Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of September, 1945.
(SEAL) John A. M. M. M. Notary Public, residing at Bonnars Ferry, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-21, Idaho Code Annotated.)

Received for filing on SEP 14 1945 by Mary H. L. Registrar.

SEP 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-123 016-291
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

413071
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Almo</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Almo</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>George Montgomery Andrews</u>		5. Date of Birth of Child (Month, day, year) <u>May 23 1880</u>	
6 Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Amos Montgomery Andrews</u>		16. FULL MAIDEN NAME <u>Caroline Matilda Brackenbury</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>21</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>21</u> yrs.
13. Birthplace <u>Utah</u> (City or town) _____ (State or foreign country) _____		19. Birthplace <u>Utah</u> (City or town) _____ (State or foreign country) _____	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>farm</u>		21. Industry or Business <u>own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

State of Idaho } ss. **AFFIDAVIT**
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the untch of the person whose name appears in Item 4, above, that I am now 183 years of age, that I have known this person for 65 years, and that Phebe Graham who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located) _____

My commission expires 6-1-46 George M. Brandon Signature
Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November 1945

(SEAL) Henry H. Nelson Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by Mabel Elder Registrar

8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

274-228-075-213
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **415368**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>NAZPREE</u> (b) City <u>HARVARD</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>NAZPREE CO. Idaho (NOW-LAPANCO)</u> (e) Mothers stay BEFORE delivery: <u>or more</u> In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>NAZPREE</u> (c) City <u>TOWN of HARVARD</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Martha Josephine Brusha</u>		5. Date of Birth of Child <u>12-26-1880</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>✓</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>JACOB ELLIOTT BRUSHA</u>		16. FULL MAIDEN NAME <u>MARY ANNIA-THEOPHOCIA QUAWAY</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>24</u> yrs.		18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>HOLLAND</u> (City or town) <u>HOLLAND</u> (State or foreign country)		19. Birthplace <u>Mississippi</u> (City or town) <u>USA</u> (State or foreign country)	
14. Exact Occupation <u>MINING</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>✓</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>NO</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10 P.M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Thos. Gallaway (First name) (Last name)
who is related as Uncle (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** White Bird **Date** 12/27/80
Midwife _____

State of Idaho **County of** Idaho **ss.** **AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 19 years of age, that I have known this person for 65 years, and that (?) Kennedy who attended this birth human I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

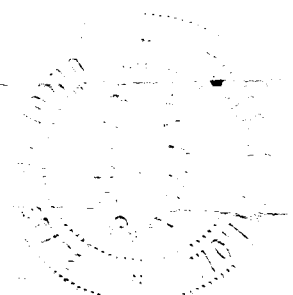
Thos. Gallaway Signature
White Bird Idaho P. O. Address
Subscribed and sworn to before me this 26 day of January, 1946
(SEAL) Martha C. Smith Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 5 1946 by Martha C. Smith, Registrar

676 Y 7 831

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 189, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417327
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 7th + WASHINGTON
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay BEFORE delivery:
In THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 7th + WASH.
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** MABLE ELVA EMERSON
5. Date of Birth of Child (Month, day, year) JAN-1-1880
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

- FATHER OF CHILD**
10. **FULL NAME** ROSCOE EUGENE EMERSON
11. Color or Race W. 12. Age at time of THIS birth 36 yrs.
13. Birthplace GAINES-ORLEANS-Co. N.Y.
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business SAME AS ABOVE
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** ELVA ARMINDA TEETER
17. Color or Race W 18. Age at time of THIS birth 26 yrs.
19. Birthplace ERIE-Co. PA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME AS ABOVE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of _____ ss. (To be completed when the attendant does not sign in Item 25.)
County of _____

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for since birth years, and that Phenie L. Mc Glenn who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Subscribed and sworn to before me this 29th day of March, 1946
(SEAL) Phenie L. Mc Glenn Signature
826 W. 18th St. Los Angeles, Cal. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, Expires Aug. 25, 1946
Los Angeles

Received for filing on APR 4 1946 by Mabel Elder Registrar

Birth Certificate for Mrs. Mable Elva Mitchell.

Born Jan. 1- 1880.

Dr. George Collister - attending.

Present address.

826 - W. 18th St.

Los Angeles - 15 -

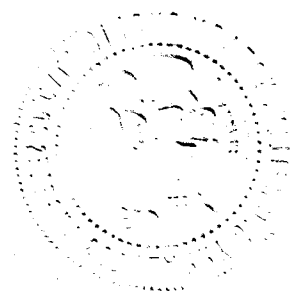
Calif.

Mrs Mable Elva Mitchell

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



384 207035-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH **STATE OF IDAHO**

State File No.
Local Reg. No. **418375**
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>Since 1887</u> yrs	
4. FULL NAME OF CHILD <u>Mary Mehetable Church</u>		5. Date of Birth of Child (Month, day, year) <u>January 7, 1880</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Lockhart Church</u>		16. FULL MAIDEN NAME <u>Martha Alice Crawford</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>37</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>15</u> yrs.
13. Birthplace <u>Nova Scotia</u> (City or town) (State or foreign country)		19. Birthplace <u>Wichberg</u> (City or town) (State or foreign country) <u>Oregon</u>	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of ss.
 County of
 (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now years of age, that I have known this person for years, and that
 who attended this birth. I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1948 by Mary Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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C A N A D A) IN THE MATTER OF MARY MEHETABLE CHURCH.
PROVINCE OF ALBERTA)
TO WIT:)

I, GEORGE MILLEGE STEVENS, of the City of Calgary, in the
Province of Alberta, Plasteror, make oath and say:-

1. THAT I am the husband of Mary Mehetable Stevens, who
was born under the name of Mary Mehetable Church.
2. THAT I am in possession of a Bible which was given to
the said Mary Mehetable Church as a Wedding Present by her mother and
father, William Lockhart Church and Martha Alice Church, in approximately
me the year 1904.
3. THAT on a page of the said Bible, which is reserved as a
register of births, it is stated in her mother's handwriting " Mary
Mehetable Church born Jan. 7, 1880"
4. THAT I fully believe that the said Mary Mehetable Church
was born on January 7, 1880, near Lewiston, in the County of Nez Perce,
in the State of Idaho.
5. THAT attached hereto is a Certificate of Birth which
in my belief is properly and carefully filled out.

SWORN BEFORE Me at the City of Calgary,)
in the Province of Alberta, this 12th)
day of April, A.D. 1946.

G. M. Stevens
Myra E. Jones
Notary Public in and for the Province of Alberta.

STATE OF ALABAMA

IN SENATE

I, JAMES H. HARRIS, Clerk of the Senate, do hereby certify that the following is a true and correct copy of the original as the same appears in the files of the Senate.

Witness my hand and seal of office at the City of Montgomery, Alabama, this 1st day of January, 1901.

Province of Ontario, 1st January, 1901.

That I am the husband of Mary Catherine Harris, who

was born under the name of Mary Catherine Harris.

That I am in possession of a child which was given to

the said Mary Catherine Harris as a wedding present by her mother and

father, William Harris, and Mary Catherine Harris, is approximately

one year of age and is a child of the said Mary Catherine Harris.

That I am the father of the said child, and it is stated in her mother's identification of the

same as being born Jan. 1, 1901.

That I believe that the said Mary Catherine Harris

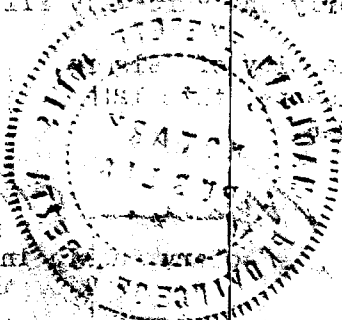
was born on January 1, 1880, near Leicester, in the County of Kent, Ohio,

in the State of Ohio.

That I am the father of the said child, and it is stated in her mother's identification of the

same as being born Jan. 1, 1901.

James H. Harris



in the presence of the following witnesses, to wit: JAMES H. HARRIS, Clerk of the Senate, and for the purpose of identification.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312 101035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **419503**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County neg Perce (b) City Lewiston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County neg Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) _____
4. **FULL NAME OF CHILD** William Joseph Tabor
5. **Date of Birth of Child**
(Month, day, year) Nov. 1, 1880
6. **Sex** male 7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** _____ 9. **Legitimate?** yes
- FATHER OF CHILD**
10. **FULL NAME** Matheur Albert Tabor
11. **Color or Race** Eng. 12. **Age at time of THIS birth** 26 yrs.
13. **Birthplace** Rochester Minn.
(City or town) (State or foreign country)
14. **Exact Occupation** Farmer
15. **Industry or Business** _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elizabeth Carolin Brown
17. **Color or Race** Eng. 18. **Age at time of THIS birth** 25 yrs.
19. **Birthplace** Greenville Texas
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** _____
22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Leticia Durn who is related as Sister-in-law
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Lewiston }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 58 years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of May 1946
(SEAL) _____, Notary Public, residing at Terrell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on MAY 24 1946 by _____, Registrar

JAN 27 1949

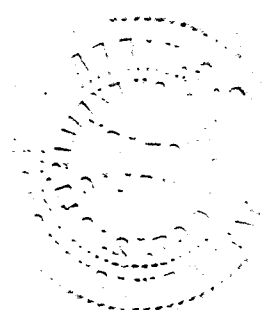
AUG 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 27 1949



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

667-103001-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

419656
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: on farm
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state) Ada County

4. **FULL NAME OF CHILD** Emma Luella Fox 5. Date of Birth of Child
(Month, day, year) Sept. 3, 1880
- 6 Sex M 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Charley Fox
11. Color or Race W 12. Age at time of THIS birth 35 yrs.
13. Birthplace Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lucy Marian Bailey
17. Color or Race W 18. Age at time of THIS birth 20 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

- State of Oregon } ss.
County of Malheur }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 83 years of age, that I have known this person for 65 years, and that
midwife, who attended this birth name forgotten I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Flattie E. Reed Signature
85 SW 2nd St., Ontario, Ore P. O. Address

Subscribed and sworn to before me this 5 day of Aug, 1946.

(SEAL) Notary Public, Notary Public, residing at Ontario, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.) My Com Exp 2/5/50

Received for filing on AUG 6 1946 by John Elder, Registrar

MAR 22 1955
MAR 7 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-229-036-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **421934**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At parent's home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years 4 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) Samaria, Idaho

4. **FULL NAME OF CHILD** Edith Vilate Bowen
5. Date of Birth of Child
(Month, day, year) Sept. 29, 1880
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|--|
| 10. FULL NAME <u>David Bowen</u> | 16. FULL MAIDEN NAME <u>Annie Shackleton</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>43</u> yrs. | 18. Age at time of THIS birth <u>40</u> yrs. | 13. Birthplace <u>Blaenavon, Monmouthshire, Wales.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>London, England</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Farming</u> | 21. Industry or Business <u>Own home</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date

- State of Utah } ss.
County of Salt Lake }
- I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 65 years, and that the midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Is now deceased) or (Cannot be located)

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Charles F. Bowen Signature

1231 East 4th So., Salt Lake, Utah P. O. Address

- Subscribed and sworn to before me this 31st day of July, 1946
- (SEAL) Magda B. Peterson Notary Public, residing at Salt Lake, Utah
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1946 by Magda B. Peterson, Registrar

Aug 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362 229001 491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **424628**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth). (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Rural-no delivery Residence</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years — months — days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Rural-no delivery</u> (e) How long has MOTHER lived in Idaho? <u>104</u> yrs.	
4. FULL NAME OF CHILD <u>Alta Coston</u>		5. Date of Birth of Child (Month, day, year) <u>7-29-1880</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>?</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>J. N. Coston</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Mary Sophia Drake</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>47</u> yrs.	13. Birthplace <u>Ithaca, New York</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>31</u> yrs.	19. Birthplace <u>Chester, New Jersey</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business _____	20. Exact Occupation <u>Housewife</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>?</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4. above, that I am now 73 years of age, that I have known this person for 66+ years, and that Agatha Missels, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Helen Coston Signature
B. O. Address _____

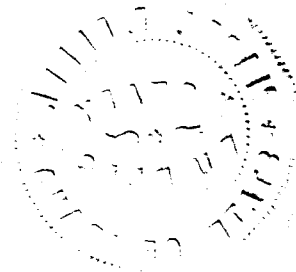
Subscribed and sworn to before me this 11th day of October, 1941.
(SEAL) Malcolm H. H. H. Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-217036 795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **430505**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home.</u> (e) Mothers stay BEFORE delivery: In THIS county Abt. <u>18</u> yrs. - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>Abt. 18</u> yrs.	
4. FULL NAME OF CHILD <u>JEANETTE WHITEHEAD</u>		5. Date of Birth of Child (Month, day, year) <u>May 17, 1880</u>	
6 Sex <u>female</u>	7. Twin or Triplet <u>-</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Wm. James Whitehead</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Hull, Lancashire, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Own farm</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Green</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>About 37</u> yrs. 19. Birthplace <u>Oldham, Lancashire, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT
State of Utah ss. (To be completed when the attendant does not sign in Item 25.)
County of Salt Lake
I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that a middle name now unknown, but possibly Mrs. Rankin who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

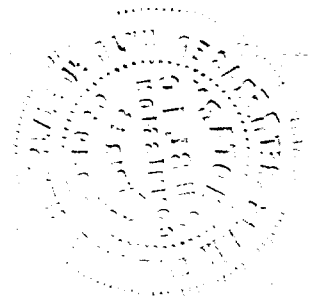
Martha Oliversen Signature
124 W. 1 So., Preston, Idaho P. O. Address
Subscribed and sworn to before me this 27 day of January, 19 47.
(SEAL) _____, Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 4 1947 by John A. Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

461 5 FEB



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5-53-103-036-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **433369**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Weston Ida.</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: <u>Own home</u> In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Weston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Orson Willard Nelson</u>		5. Date of Birth of Child (Month, day, year) <u>Feb 3^d 1880</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Lars Peter Nelson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Peterson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Home wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature Deceased **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Bannock } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Deceased (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 67 years, and that Boletta Jensen, who attended this birth Is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of March 1917
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 4 1917 by John W. Wright Registrar

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-201 001 296
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

440883
State File No. **440883**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho
4. **FULL NAME OF CHILD** MAUD ALBERTINE BAYE
5. **Date of Birth of Child** (Month, day, year) January 1880
6. **Sex** _____
7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes
- FATHER OF CHILD**
10. **FULL NAME** John Frankline Tharp Baye
11. **Color or Race** white
12. **Age at time of THIS birth** _____ yrs.
13. **Birthplace** (City or town) Kankee Id (State or foreign country) _____
14. **Exact Occupation** Farmer
15. **Industry or Business** _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Albertine Brown
17. **Color or Race** white
18. **Age at time of THIS birth** 30 yrs.
19. **Birthplace** (City or town) _____ (State or foreign country) _____
20. **Exact Occupation** Housewife
21. **Industry or Business** _____
22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) **At time of birth and including this child** 3 (b) **Born alive and now living** 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

- State of IDAHO } ss. (To be completed when the attendant does not sign in Item 25.)
County of SEM }
I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 84 years, and that MINERVA KELLY who attended this birth IS NOW DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this _____ day of _____

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1947 by John A. Wright, Registrar

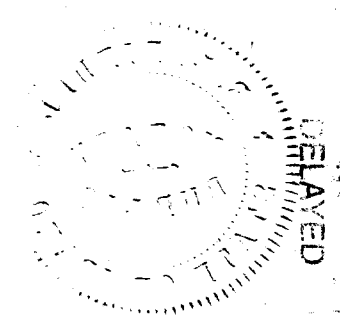
53-20 1947

FEB 21 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

217-225-044-154

443689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **443689**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>R. R. No. 2</u> (d) Name of Hospital or Maternity Home: <u>Born at family home</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Eva Jeannette Saling</u>		5. Date of Birth of Child (Month, day, year) <u>July 25, 1880</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Saling</u>	16. FULL MAIDEN NAME <u>Margaret Ellen Anderson</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>43</u> yrs.	18. Age at time of THIS birth <u>33</u> yrs.		
13. Birthplace (City or town) <u>Tennessee</u> (State or foreign country)	19. Birthplace (City or town) <u>Omaha, Nebraska</u> (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Washington
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 67 years, and that Dr. Sater, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____
56 West Ark, Weiser, Idaho P. O. Address _____
Subscribed and sworn to before me this 29th day of November 19 47
(SEAL) _____, Notary Public, residing at Weiser, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

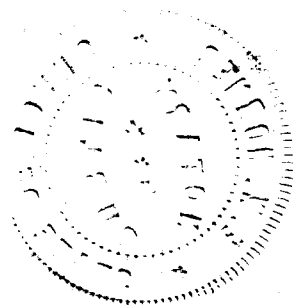
Received for filing on 12/1/47 by John W. Wright, Registrar

DEC 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-219-008-753

447737

United States,
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **447737**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Placerville</u> (c) Street Address or R.F.D. No. <u>✓</u> (d) Name of Hospital or Maternity Home: <u>Parents' home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Placerville</u> (d) Street Address or R.F.D. No. <u>✓</u> (e) How long has MOTHER lived in <u>Idaho</u> ? <u>39</u> yrs. <u>Placerville,</u>	
4. FULL NAME OF CHILD <u>Theoline Mathilda Peterson</u>		5. Date of Birth of Child <u>10 - 19 - 1880</u> (Month, day, year)	
6 Sex <u>Female</u>	7. Twin or Triplet <u> </u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Peterson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>52</u> yrs. 13. Birthplace <u>Christiania (Oslo) Norway</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner & Farmer</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nicolina Larson Peterson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>48</u> yrs. 19. Birthplace <u>Christiania, Norway</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**
Midwife

State of Idaho **County of** Boise **ss.** (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 60 years, and that Mrs Olive Hanson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

AFFIDAVIT

RS Woods Signature
Horseshoe Bend, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February 1948
(SEAL) John D. Quinn Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 17 1948 by John W. Wright Registrar

FEB 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

951-207-044-751
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0382
Local Reg. [REDACTED]
Reg. D. [REDACTED]

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Midvale</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Midvale</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>70</u> yrs.	
4. FULL NAME OF CHILD <u>Emma Ellen Reavis</u>		5. Date of Birth of Child (Month, day, year) <u>5-7-1880</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert Stewart Reavis</u>		16. FULL MAIDEN NAME <u>Mary Ellen Pearce</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>24</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Lawell Ark</u> (City or town) (State or foreign country)		19. Birthplace <u>Athens Tenn</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho }
County of Payette } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 68 years, and that Ellen Reavis (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Mary Ellen Reavis Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1948
(SEAL) John F. Quinn Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 7 1948 by John W. Wright Registrar

JUN 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419 - 125-001-813
RECEIVED
552 8 1948

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0702
Department of Commerce Local Reg. No.
Bureau of the Census REGISTRATION OF VITAL STATISTICS STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child (Month, day, year) May 25, 1880

4. FULL NAME OF CHILD Burton Marlatt

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

10. FULL NAME Wm. Marlatt
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Plainville, Ind.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Melvina Yates
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Plainville, Ind.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Canyon }
I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 68 years, and that have forgot her name who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
Oliver Latham Signature
R#3 Nampa Idaho P. O. Address
Subscribed and sworn to before me this 3rd day of September 1948
(SEAL) Burton W. Reese Notary Public, residing at Nampa, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on Sept 9, 1948 by John W. Wright Registrar

SEP 7 1940

FILE # FROM 702 TO DE48-0702 1/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-205
004-213
RECEIVED
MAR 10 1948
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

United States Department of Commerce Bureau of the Census (Secure the information as of date of birth of THIS child.)

State File No. DE49-1234
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (At time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery:
In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Eliza Hannah Brown

5. Date of Birth of Child (Month, day, year) Aug. 5, 1880

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orson Hyrum Brown

11. Color or Race White 12. Age at time of THIS birth 24 yrs.

13. Birthplace Derbyshire, England
(City or town) (State or foreign country)

14. Exact Occupation Coal Miner

15. Industry or Business Coal Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Bateman

17. Color or Race White 18. Age at time of THIS birth 16 yrs.

19. Birthplace Stifford Essisc, England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____ Midwife

State of Utah County of Weber } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 86 years of age, that I have known this person for 68 years, and that Midwife (name unknown) who attended this birth now deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of February, 1948
(SEAL) J. M. Malan, Notary Public, residing at Ogden Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

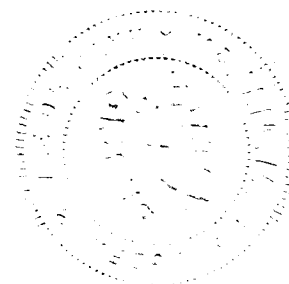
Received for filing on March 10, 1949 by W. W. Benson, Registrar

MAR 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268-222-003-816 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De51-479
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Clara J. Boyle				2. Date (month) (day) (year) Of Birth Feb. 22 1880		
	3. Color or Race white	4. Sex	5. Place of Birth Oxford	a. County Bannock	b. City or Town of Birth Oxford		
FATHER	6. Full Name of Father James Boyle				7. State or Country of Father's Birth Pittsburg, Penn.		
MOTHER	8. Full Maiden Name of Mother Elizabeth Hawkins				9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Clara J. Boyle</i>		11. Present Address of Registrant Arco, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 22, 19 51				12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires 10/ 20 19 51

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>B</u>	Type of Document Insurance Policy		By whom issued and signed Royal Neighbors of America		Date issued 1-1-32	Date Orig. Entry 1-1-32
	Date of Birth 2-22-1880	Birth Place Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2- Class <u>A</u>	Type of Document Bible Record		By whom issued and signed Family Bible		Date issued	Date Orig. Entry 2-22-1880
	Date of Birth 2-22-1880	Birth Place Oxford, Idaho	Full Name of Mother Elizabeth Hawkins		Name of Father James Boyle	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

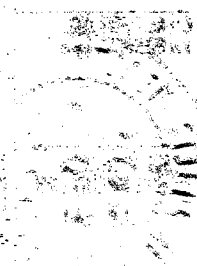
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by	Date Filed 1-25-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 26 1951



09 / 1



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2307
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Carolyn Jones</u>					2. Date (month) (day) (year) Of Birth <u>Nov.</u> <u>2</u> <u>1880</u>		
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Malad</u>		a. County <u>Malad Co.</u>	b. City or Town of Birth <u>Malad</u>		
FATHER	6. Full Name of Father <u>Thomas W. Jones</u>					7. State or Country of Father's Birth <u>Wales</u>		
MOTHER	8. Full Maiden Name of Mother <u>Martha Ann Price</u>					9. State or Country of Mother's Birth <u>Wales</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Carolyn Robinson</u>		11. Present Address of Registrant <u>45 Juniper St.ampa, Id.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Dec 18,</u> <u>1951</u>					12. Signature of Notary <u>Malcolm K. Keeler</u>		13. Notary Commission expires <u>May 7 - 1952</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Family Bible Record</u>		By whom issued and signed <u>Family Bible</u>		Date issued	Date Orig. Entry <u>Nov. 2, 1880</u>
	Date of Birth <u>Nov. 2, 1880</u>	Birth Place <u>Malad, Idaho</u>	Full Name of Mother		Name of Father	
Class* <u>A</u>						
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by brother</u>		By whom issued and signed <u>Geo. W. Jones</u>		Date issued	Date Orig. Entry <u>Nov. 23, 1951</u>
	Date of Birth <u>Nov. 2, 1880</u>	Birth Place <u>Malad, Idaho</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
Class _____						

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Malcolm K. Keeler</u>		Date Filed <u>Dec. 18, 1951</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

Department of Health
Division of Vital Statistics
Chicago, Illinois

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Date of birth: <i>Jan 1, 1900</i></p>		<p>3. Place of birth: <i>Chicago, Ill.</i></p>	
<p>4. Name of mother: <i>John Doe</i></p>		<p>5. Date of death: <i>Jan 1, 1900</i></p>		<p>6. Place of death: <i>Chicago, Ill.</i></p>	
<p>7. Name of father: <i>John Doe</i></p>		<p>8. Date of burial: <i>Jan 1, 1900</i></p>		<p>9. Place of burial: <i>Chicago, Ill.</i></p>	
<p>10. Name of informant: <i>John Doe</i></p>		<p>11. Date of registration: <i>Jan 1, 1900</i></p>		<p>12. Place of registration: <i>Chicago, Ill.</i></p>	
<p>13. Name of informant: <i>John Doe</i></p>		<p>14. Date of registration: <i>Jan 1, 1900</i></p>		<p>15. Place of registration: <i>Chicago, Ill.</i></p>	
<p>16. Name of informant: <i>John Doe</i></p>		<p>17. Date of registration: <i>Jan 1, 1900</i></p>		<p>18. Place of registration: <i>Chicago, Ill.</i></p>	
<p>19. Name of informant: <i>John Doe</i></p>		<p>20. Date of registration: <i>Jan 1, 1900</i></p>		<p>21. Place of registration: <i>Chicago, Ill.</i></p>	
<p>22. Name of informant: <i>John Doe</i></p>		<p>23. Date of registration: <i>Jan 1, 1900</i></p>		<p>24. Place of registration: <i>Chicago, Ill.</i></p>	
<p>25. Name of informant: <i>John Doe</i></p>		<p>26. Date of registration: <i>Jan 1, 1900</i></p>		<p>27. Place of registration: <i>Chicago, Ill.</i></p>	
<p>28. Name of informant: <i>John Doe</i></p>		<p>29. Date of registration: <i>Jan 1, 1900</i></p>		<p>30. Place of registration: <i>Chicago, Ill.</i></p>	
<p>31. Name of informant: <i>John Doe</i></p>		<p>32. Date of registration: <i>Jan 1, 1900</i></p>		<p>33. Place of registration: <i>Chicago, Ill.</i></p>	
<p>34. Name of informant: <i>John Doe</i></p>		<p>35. Date of registration: <i>Jan 1, 1900</i></p>		<p>36. Place of registration: <i>Chicago, Ill.</i></p>	
<p>37. Name of informant: <i>John Doe</i></p>		<p>38. Date of registration: <i>Jan 1, 1900</i></p>		<p>39. Place of registration: <i>Chicago, Ill.</i></p>	
<p>40. Name of informant: <i>John Doe</i></p>		<p>41. Date of registration: <i>Jan 1, 1900</i></p>		<p>42. Place of registration: <i>Chicago, Ill.</i></p>	
<p>43. Name of informant: <i>John Doe</i></p>		<p>44. Date of registration: <i>Jan 1, 1900</i></p>		<p>45. Place of registration: <i>Chicago, Ill.</i></p>	
<p>46. Name of informant: <i>John Doe</i></p>		<p>47. Date of registration: <i>Jan 1, 1900</i></p>		<p>48. Place of registration: <i>Chicago, Ill.</i></p>	
<p>49. Name of informant: <i>John Doe</i></p>		<p>50. Date of registration: <i>Jan 1, 1900</i></p>		<p>51. Place of registration: <i>Chicago, Ill.</i></p>	
<p>52. Name of informant: <i>John Doe</i></p>		<p>53. Date of registration: <i>Jan 1, 1900</i></p>		<p>54. Place of registration: <i>Chicago, Ill.</i></p>	
<p>55. Name of informant: <i>John Doe</i></p>		<p>56. Date of registration: <i>Jan 1, 1900</i></p>		<p>57. Place of registration: <i>Chicago, Ill.</i></p>	
<p>58. Name of informant: <i>John Doe</i></p>		<p>59. Date of registration: <i>Jan 1, 1900</i></p>		<p>60. Place of registration: <i>Chicago, Ill.</i></p>	
<p>61. Name of informant: <i>John Doe</i></p>		<p>62. Date of registration: <i>Jan 1, 1900</i></p>		<p>63. Place of registration: <i>Chicago, Ill.</i></p>	
<p>64. Name of informant: <i>John Doe</i></p>		<p>65. Date of registration: <i>Jan 1, 1900</i></p>		<p>66. Place of registration: <i>Chicago, Ill.</i></p>	
<p>67. Name of informant: <i>John Doe</i></p>		<p>68. Date of registration: <i>Jan 1, 1900</i></p>		<p>69. Place of registration: <i>Chicago, Ill.</i></p>	
<p>70. Name of informant: <i>John Doe</i></p>		<p>71. Date of registration: <i>Jan 1, 1900</i></p>		<p>72. Place of registration: <i>Chicago, Ill.</i></p>	
<p>73. Name of informant: <i>John Doe</i></p>		<p>74. Date of registration: <i>Jan 1, 1900</i></p>		<p>75. Place of registration: <i>Chicago, Ill.</i></p>	
<p>76. Name of informant: <i>John Doe</i></p>		<p>77. Date of registration: <i>Jan 1, 1900</i></p>		<p>78. Place of registration: <i>Chicago, Ill.</i></p>	
<p>79. Name of informant: <i>John Doe</i></p>		<p>80. Date of registration: <i>Jan 1, 1900</i></p>		<p>81. Place of registration: <i>Chicago, Ill.</i></p>	
<p>82. Name of informant: <i>John Doe</i></p>		<p>83. Date of registration: <i>Jan 1, 1900</i></p>		<p>84. Place of registration: <i>Chicago, Ill.</i></p>	
<p>85. Name of informant: <i>John Doe</i></p>		<p>86. Date of registration: <i>Jan 1, 1900</i></p>		<p>87. Place of registration: <i>Chicago, Ill.</i></p>	
<p>88. Name of informant: <i>John Doe</i></p>		<p>89. Date of registration: <i>Jan 1, 1900</i></p>		<p>90. Place of registration: <i>Chicago, Ill.</i></p>	
<p>91. Name of informant: <i>John Doe</i></p>		<p>92. Date of registration: <i>Jan 1, 1900</i></p>		<p>93. Place of registration: <i>Chicago, Ill.</i></p>	
<p>94. Name of informant: <i>John Doe</i></p>		<p>95. Date of registration: <i>Jan 1, 1900</i></p>		<p>96. Place of registration: <i>Chicago, Ill.</i></p>	
<p>97. Name of informant: <i>John Doe</i></p>		<p>98. Date of registration: <i>Jan 1, 1900</i></p>		<p>99. Place of registration: <i>Chicago, Ill.</i></p>	
<p>100. Name of informant: <i>John Doe</i></p>		<p>101. Date of registration: <i>Jan 1, 1900</i></p>		<p>102. Place of registration: <i>Chicago, Ill.</i></p>	



RECEIVED DEC 19 1951

REGISTRATION 2: I hereby certify that the birth certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 3: I hereby certify that the death certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 4: I hereby certify that the marriage certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 5: I hereby certify that the divorce certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 6: I hereby certify that the adoption certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 7: I hereby certify that the guardianship certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 8: I hereby certify that the conservatorship certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 9: I hereby certify that the probate certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 10: I hereby certify that the will certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 11: I hereby certify that the estate certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 12: I hereby certify that the trust certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 13: I hereby certify that the partnership certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 14: I hereby certify that the corporation certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 15: I hereby certify that the partnership certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 16: I hereby certify that the corporation certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 17: I hereby certify that the partnership certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 18: I hereby certify that the corporation certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 19: I hereby certify that the partnership certificate has been found in the Division of Vital Statistics for the
 REGISTRATION 20: I hereby certify that the corporation certificate has been found in the Division of Vital Statistics for the

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2964
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth - Mary Ellen Schooler				2. Date (month) (day) (year) of Dec 18 1880 Birth	
	3. Color or Race White	4. Sex F	5. Place of Birth Boise	a. County Ada	b. City or Town of Birth Boise	
FATHER	6. Full Name of Father Richard Schooler				7. State or Country of Father's Birth Iowa	
MOTHER	8. Full Maiden Name of Mother Mary Elizabeth Carter				9. State or Country of Mother's Birth Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Elinor M. Thompson</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 26</u> 19 <u>52</u>			11. Present Address of Registrant 10499 Dixon Drive Seattle 88 Wash. 12. Signature of Notary <i>[Signature]</i> 13. Notary Public in and for the State of Washington, residing at Seattle, Wash. My Commission Expires Oct. 28, 1962.		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>A</u>	Type of Document Record from family Bible		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth Dec. 18, 1880	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document Affidavit by brother		By whom issued and signed Frank Ellsworth Schooler		Date issued May 17, 1952	Date Orig. Entry
	Date of Birth Dec. 18, 1880	Birth Place Boise, Idaho	Full Name of Mother Mary Elizabeth Schooler		Name of Father Richard Schooler	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

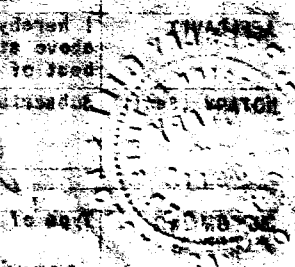
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed June 30, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE STATE OF DELAWARE DELAYED CERTIFICATE OF BIRTH

State File No. 100-2884
 Local Reg. No.
 Reg. Dist. No.

1. Name of Child at Birth Mary Elizabeth Carter		2. Sex Female		3. Date of Birth May 17, 1928		4. Place of Birth Jones		5. State of Birth Iowa		6. City or Town of Birth Jones		7. Name of Father Richard Schaefer		8. Name of Mother Mary Elizabeth Carter	
9. Signature of Registrar [Signature]		10. Signature of Father [Signature]		11. Signature of Mother [Signature]		12. Signature of Registrar [Signature]		13. Signature of Registrar [Signature]		14. Signature of Registrar [Signature]		15. Signature of Registrar [Signature]		16. Signature of Registrar [Signature]	
17. Date of Issuance May 17, 1928		18. Date of Issuance May 17, 1928		19. Date of Issuance May 17, 1928		20. Date of Issuance May 17, 1928		21. Date of Issuance May 17, 1928		22. Date of Issuance May 17, 1928		23. Date of Issuance May 17, 1928		24. Date of Issuance May 17, 1928	
25. Name of Registrar [Name]		26. Name of Registrar [Name]		27. Name of Registrar [Name]		28. Name of Registrar [Name]		29. Name of Registrar [Name]		30. Name of Registrar [Name]		31. Name of Registrar [Name]		32. Name of Registrar [Name]	



Class A Records are those made and before the Registrar's Office for the first time. Class B Records are those made after the Registrar's Office for the first time.

June 30, 1928

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-3517
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Henry Wilmont Vanderwood				2. Date (month) (day) (year) Of Birth August 2nd 1880	
	3. Color or Race white	4. Sex male	5. Place of Birth Malad City	a. County Oneida	b. City or Town of Birth Malad City, Idaho	
FATHER	6. Full Name of Father Anna William Vanderwood				7. State or Country of Father's Birth Netherlands	
MOTHER	8. Full Maiden Name of Mother Catherine Jones				9. State or Country of Mother's Birth Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Henry W. Vanderwood</i>	11. Present Address of Registrant 272 East Jackson St. Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on October 30th 19 52				12. Signature of Notary <i>Earl W. Cory</i>	13. Notary Commission expires February 8th 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Affidavit by Older Sister		By whom issued and signed Mary Vanderwood Powell	Date issued 10/24/52	Date Orig. Entry
	Date of Birth Aug. 2, 1880	Birth Place Malad City, Idaho	Full Name of Mother Catherine Jones Vanderwood	Name of Father Anna William Vanderwood	
SUPPORTING RECORD 2-	Type of Document W. Cory, Probate Judge, re Prudential Ins. Co. Policy No.		By whom issued and signed Bingham County Earl W. Cory, Probate Judge	Date issued	Date Orig. Entry Policy dated Dec. 28, 1911
	Date of Birth Aug. 2, 1880	Birth Place Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document Bible Record		By whom issued and signed Family Bible	Date issued	Date Orig. Entry 8-2-1880
	Date of Birth Aug. 2, 1880	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Malcolm H. Hedges</i>	Date Filed Dec. 3, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De54-67
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Daisy McConnell</u>			2. Date of Birth <u>Sept. 28, 1880</u>	
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Idaho Canyon</u>	b. City or Town of Birth <u>Dixie</u>	
FATHER	6. Full Name of Father <u>Charles S. McConnell</u>			7. State or Country of Father's Birth <u>Iowa</u>	
MOTHER	8. Full Maiden Name of Mother <u>Laura Kirby</u>			9. State or Country of Mother's Birth <u>Illinois</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Daisy Wayland</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Jan 11 1954</u>			11. Present Address of Registrant <u>1510 Hays, Boise</u>	
				12. Signature of Notary <u>Mary F. Fiedler</u>	
				13. Notary Commission expires <u>May 7, 1957</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Son's birth certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics Boise, Idaho #227500</u>		Date issued <u>1-4-35</u>
	Date of Birth <u>28 yrs old</u>	Birth Place <u>near Caldwell, Idaho</u>	Full Name of Mother		Date Orig. Entry
Class* <u>B</u>					Name of Father
SUPPORTING RECORD 2.	Type of Document <u>Family Record</u>		By whom issued and signed <u>Bridal Book</u>		Date issued <u>entered when married</u>
	Date of Birth <u>Sept. 28, 1880</u>	Birth Place <u>Canyon County</u>	Full Name of Mother		Date Orig. Entry <u>Jan. 14, 1903</u>
Class <u>B</u>					Name of Father
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by cousin</u>		By whom issued and signed <u>Cora McConnell Isenberg</u>		Date issued <u>1-29-54</u>
	Date of Birth <u>Sept. 28, 1880</u>	Birth Place <u>Dixie, Idaho</u>	Full Name of Mother <u>Laura Kirby</u>		Date Orig. Entry
Class <u>B</u>					Name of Father <u>Charles S. McConnell</u>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mary F. Fiedler</u>		Date Filed <u>1-29-54</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

1888

State of Texas
County of Tarrant
City of Fort Worth

Notary Public for Texas
My Commission Expires
1937

Signature of Registrant
Signature of Notary

Notary Public for Texas
My Commission Expires
1937

Date Issued
Name of Father

Date Issued
Name of Father

Date of Birth
Place of Birth

FEB 1 - 1937

Date Issued
Name of Father

Date Issued
Name of Father

Date of Birth
Place of Birth

Date Issued
Name of Father

Date Issued
Name of Father

Date of Birth
Place of Birth

1-28-37

1-28-37



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO
RECEIVED

State File No. De55-236
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Lewis Ernest Wells		2. Date of Birth Sept. 25 1880	
	3. Color or Race White		4. Sex Male	
FATHER	6. Full Name of Father Francis Marion Wells		7. State or Country of Father's Birth Wisconsin	
MOTHER	8. Full Maiden Name of Mother Susan Coates Wells		9. State or Country of Mother's Birth U.S. of America	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Lewis Ernest Wells</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 8, 1955</i>		12. Signature of Notary <i>Nellie Ford</i>	
			11. Present Address of Registrant Route #2, Box 188 Alamosa, Colorado	
			13. Notary Commission expires Aug. 7 1957	

APPLICANT - DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1-	Type of Document Insurance Policy		By whom issued and signed Mutual Life Insurance Co.	
	Date of Birth Sept. 25, 1880	Birth Place Idaho	Date issued 1913 issued	
SUPPORTING RECORD 2-	Type of Document Insurance Policy		By whom issued and signed Mutual Life Insurance Co.	
	Date of Birth Sept. 25, 1880	Birth Place Idaho	Date issued issued in 1921	
SUPPORTING RECORD 3-	Type of Document Affidavit by brother		By whom issued and signed Ralph G. Wells	
	Date of Birth Sept. 25, 1880	Birth Place Blackfoot, Idaho	Date issued Feb. 9, 1955	
QUALIFYING INFORMATION	Full Name of Mother Susan Coates		Full Name of Father Francis Marion Wells	
	Date of Birth Sept. 25, 1880		Date of Birth Sept. 25, 1880	
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar W. W. Benson		Evidence reviewed by <i>Mark Fredman</i>	
		Date Filed March 11, 1955		

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

Division of Health
Austin, Texas



State of Texas
Division of Health
Austin, Texas

NAME	DATE OF BIRTH	DATE OF DEATH	PLACE OF BIRTH	PLACE OF DEATH	CAUSE OF DEATH	DATE OF BURIAL	PLACE OF BURIAL
John Doe	1910	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Jane Smith	1915	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
Robert Johnson	1920	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Mary White	1925	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
William Brown	1930	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Elizabeth Green	1935	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
Charles Black	1940	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Patricia Gray	1945	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
Thomas King	1950	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Linda Lee	1955	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
Richard Hall	1960	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Susan Young	1965	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
David Allen	1970	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Karen Evans	1975	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio
Steven Foster	1980	1980	San Antonio	San Antonio	Heart Disease	1980	San Antonio
Michelle Carter	1985	1985	San Antonio	San Antonio	Heart Disease	1985	San Antonio

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-361
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth PEARL MINERVA BUCHANAN			2. Date (month) (day) (year) Of Birth Oct. 13 1880		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County b. City or Town of Birth near Moscow, Latah C., Ida. near Moscow, Idaho			
FATHER	6. Full Name of Father Amos Buchanan			7. State or Country of Father's Birth Indiana		
MOTHER	8. Full Maiden Name of Mother Cloe Isabel Cole			9. State or Country of Mother's Birth Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Pearl W. Moriarty</i>		11. Present Address of Registrant 116 S. Pendleton, Independence, Mo.
NOTARY (Seal)	Subscribed and sworn to before me on April 2nd-1956 19__			12. Signature of Notary <i>Edmund C. Harrington</i>		13. Notary Commission expires August 14th 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed STATE OF KANSAS		Date issued 12-9-38	Date Orig. Entry child born Feb. 26, 1905
	Date of Birth 24 years old	Birth Place Moscow Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-	Type of Document CHURCH RECORD		By whom issued and signed REORGANIZED CHURCH OF JESUS CHRIST		Date issued	Date Orig. Entry baptized Aug. 21, 1917
	Date of Birth October 13 1880	Birth Place Moscow, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document AFFIDAVIT BY OLDER HALF-SISTER		By whom issued and signed CORA ALICE JONES Yakima, Washington		Date issued 3-23-56	Date Orig. Entry
	Date of Birth October 13 1880	Birth Place Moscow, Idaho	Full Name of Mother Cloe Isabel Cole		Name of Father Amox Buchanan	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. B. ...</i>	Evidence reviewed by Betty Waller	Date Filed April 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

